

# Maryland's Results for Child Well-Being 2009

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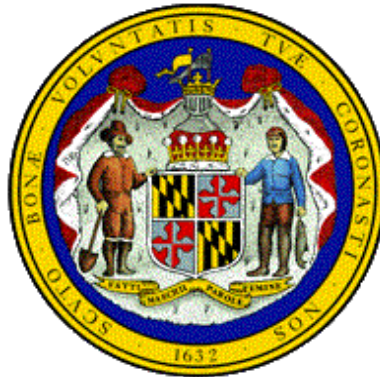
**State of Maryland  
Children's Cabinet  
and  
Governor's Office for Children  
2009**

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**Martin O'Malley  
Governor**

**Anthony G. Brown  
Lieutenant Governor**

**Rosemary King Johnston  
Executive Director**



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Governor's Office for Children***  
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# MARYLAND CHILDREN'S CABINET & GOVERNOR'S OFFICE FOR CHILDREN

## Vision

*Children's Cabinet:* All Maryland's children will be successful in life.

*Governor's Office for Children:* Maryland will achieve child well-being through interagency collaboration and state/local partnerships.

## Mission

The Children's Cabinet, led by the Executive Director of the Governor's Office for Children (GOC), will work collaboratively to create and promote an integrated, community-based service delivery system for Maryland's children, youth, and families. Our mission is to improve the well-being of Maryland's children.

## Children's Cabinet

Rosemary King Johnston, Executive Director (Chair)  
Governor's Office for Children

John M. Colmers, Secretary  
Department of Health and Mental Hygiene

Donald W. DeVore, Secretary  
Department of Juvenile Services

Brenda Donald, Secretary  
Department of Human Resources

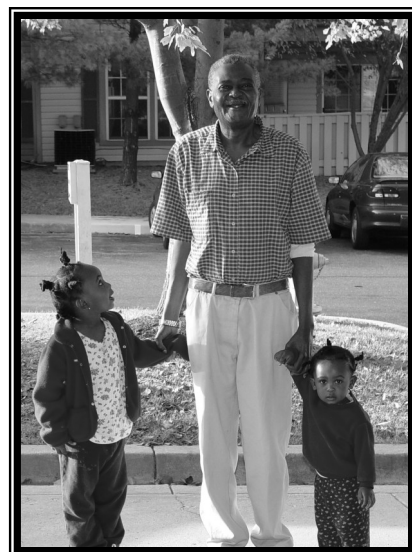
T. Eloise Foster, Secretary  
Department of Budget and Management

Nancy S. Grasmick, State Superintendent of Schools  
Maryland State Department of Education

Catherine A. Raggio, Secretary  
Department of Disabilities

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*Note: Data used in this report are analyzed at the State and jurisdictional levels, but data included in this publication is mainly State data. Jurisdictional data is available at <http://www.goc.maryland.gov>*

Dear Friends,

Recently, *Education Week* announced that Maryland's public school system ranks first in the nation among all 50 states for the second year in a row. It is a great tribute to the students, teachers, and parents who, in response to the increased investments made by all Marylanders, continue to achieve at unprecedented levels. Even during the toughest economic situation this state has experienced in decades, the State of Maryland increased funding for our public schools by \$189 million, bringing total funding to a record \$5.7 billion. The O'Malley-Brown Administration has increased funding for K-12 education by \$1.2 billion over four years.

The O'Malley-Brown Administration has identified 15 strategic and visionary goals to improve the quality of life in Maryland, focused on four priority areas: skills, security, sustainability, and health. These 15 priorities demonstrate the dedication and commitment of our administration to improving the outcomes and results for children, youth and their families here in Maryland.

**Ending childhood hunger in Maryland by 2015, reducing infant mortality in Maryland by 10% by 2012, and improving student achievement, and school, college and career readiness in Maryland by 25% by 2015** are just a few examples of what we are doing to improve the lives of our families.

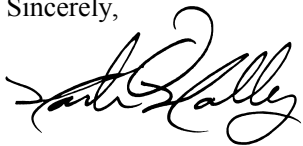
It is of paramount importance that we continue our work to maintain and improve, to the greatest extent possible, the quality of life for our youngest Marylanders and their families. The Children's Cabinet coordinates the child and family focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families. Over the last ten years Maryland, similar to many states realizing how crucial it is to count and gauge the progress of children in several areas, has chosen eight target Result areas and developed statewide Indicators to describe child well-being. It is through these measures that the State and each jurisdiction can measure well-being for its children, develop a strategic plan for children and family services, and communicate the successes and challenges of its efforts to reach the overall vision: **All Maryland's Children will be Successful in Life.**

Especially during these challenging economic times, we are committed to protecting and building upon the progress we have made to ensure that each child in Maryland receives a world class education and the promise of a bright future. The children of Maryland are our greatest asset and we must make it our shared responsibility to provide and support the care, nurturing and guidance that our children need to benefit tomorrow from our efforts today.

I am proud to say that the Maryland Results for Child Well-Being is among the longest, continuously reported results and indicators for children and families in the nation. This is a reflection of our state's long-term commitment to the success of its citizens and reflected in the 15 priorities of this administration.

Thanks to each of the State agencies, organizations, families, and interested citizens for all you do to support the success of our children and their families in Maryland. We all benefit from a well educated, economically stable Maryland.

Sincerely,



Martin O'Malley  
Governor



**FROM  
GOVERNOR  
MARTIN  
O'MALLEY**



Dear Citizens of Maryland:

On behalf of the Governor's Office for Children (GOC) and the Children's Cabinet, I am pleased to present the 2009 Results for Child Well-Being for the State of Maryland. These Results and Indicators allow us to mark progress, understand trends over time, evaluate the current status, set priorities, and develop effective programs to meet the demonstrated needs of children and families in Maryland. Over the past year, a dedicated group of individuals from the State and private sector has taken a critical look at the information that has been reported over the past ten plus years to gauge its use and effectiveness for child-serving agencies today. As a result of this review, this will be the last year for the current format of this Results book. It is our intent that the revised format and information will provide timely and useful data as Maryland continues its efforts to improve outcomes and results for children, youth, and their families.

The Governor's Office for Children serves as the coordinating entity for the six child-serving agencies comprising the Children's Cabinet (Department of Budget and Management, Department of Health and Mental Hygiene, Department of Human Resources, Department of Juvenile Services, Maryland Department of Disabilities, and Maryland State Department of Education). These results and indicators are the measure that guide our joint efforts to provide a coordinated system of care for Maryland's children and their families.

The Secretaries and Superintendent of the Children's Cabinet Agencies continue to demonstrate an exceptional degree of cooperation and collaboration on children and family issues. In partnership with community partners and stakeholders, the Children's Cabinet continues to review and revise the implementation plan for *The Maryland Child and Family Services Interagency Strategic Plan*. This plan guides the work of the Children's Cabinet to best meet the needs of at-risk children, youth, and their families.

The GOC utilizes results accountability to select, monitor, and measure the desired outcomes for children and families in our statewide community. Through the use of the outlined results and associated indicators, we can all knowledgeably and effectively work together to make a difference in the lives of Maryland's children, youth and their families.

Sincerely,



Rosemary King Johnston  
Executive Director  
Governor's Office for Children



**FROM  
EXECUTIVE  
DIRECTOR  
ROSEMARY  
KING  
JOHNSTON**

# GUIDE TO RESULTS AND INDICATORS

## WHAT ARE RESULTS AND INDICATORS?

**What is a Result?** A goal that Maryland has established for its children, families, and/or communities.

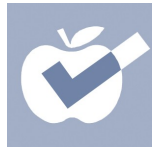
**Maryland's Children's Cabinet focuses on eight results for child well-being.** Each result describes the general well-being of Maryland's children and families in an area known to affect a child's ability to grow up healthy and secure.

**What is an Indicator?** Information and data that demonstrate Maryland's progress toward meeting a Result. Maryland has selected 25 Indicators for the eight Results.

### **Maryland's Eight Results for Child Well-Being:**



Babies Born Healthy



Children Enter School  
Ready to Learn



Children Completing  
School



Stable and Economically  
Independent Families



Healthy Children



Children Successful In  
School



Children Safe in Their  
Families and Communities



Communities That Support  
Family Life

## USING MARYLAND'S RESULTS AND INDICATORS

The Children's Cabinet, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through this collaborative approach, each jurisdiction identifies and focuses on Results and Indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local jurisdiction.

### **Indicators are used to:**

*Assess and understand the current status of children and families and how trends emerge over time.*

- ◆ Examine data for population subgroups, such as race, sex, and age, to analyze differences across the groups to ensure that all children and families do well.
- ◆ Analyze trends to identify where results have changed at the local level in ways that are different from state-wide trends. This assists local jurisdictions in targeting potential priority areas.
- ◆ Provide caregivers and communities with the information and resources they need to understand the status and trends related to children in their communities.

*Select priority areas and set goals for the improvement of child and family well-being.*

- ◆ Use the indicators to identify troubling trends, to choose strategies to address the problem area, and to measure progress towards set goals.
  - ◆ Compare and collaborate with other jurisdictions to help identify potential strategies.
  - ◆ Choose intervention strategies that are reasonably calculated to achieve progress toward the goals.
  - ◆ Use indicators as part of strategic planning.



- ◆ Help parents and communities to be better informed and become more involved in setting goals for improvement in their communities.
- ◆ Monitor progress toward goals in comparison with invested resources made in selected programs, services, and initiatives. Indicator data will help assess intervention strategies.

## **STATEWIDE EFFORTS TO IMPROVE OUTCOMES FOR CHILDREN AND YOUTH**

The Children's Cabinet and the Governor's Office for Children are committed to improving outcomes for children, youth, and their families in Maryland. In addition to fulfilling Agency-specific mandates, Maryland's child-serving agencies also work together through the Children's Cabinet to coordinate policies, evaluate statewide needs, track progress on outcomes, and oversee funding to local jurisdictions to provide services which directly impact children's well-being. The Governor's Office for Children supports this work by:

- ◆ Convening the State Agencies, local partners, and community stakeholders to develop policies and initiatives which reflect the priorities of the Children's Cabinet and the Governor;
- ◆ Managing the Children's Cabinet Interagency Fund, which provided approximately \$46.2 million in State Fiscal Year 2009 to Local Management Boards (through Community Partnership Agreements) to provide needed services to children and families;
- ◆ Partnering with the Local Management Boards in each Maryland jurisdiction to plan, coordinate, and develop comprehensive systems of care and fund and monitor the delivery of integrated services to children and families; and
- ◆ Informing the collective and specific work of the Children's Cabinet by developing and supporting an interagency data management system, collecting and analyzing data, and reporting to the Governor, the Children's Cabinet, the General Assembly, and other stakeholders on the progress of Maryland's children.

Maryland's eight results for child well-being reflect the priorities of the Children's Cabinet and the Governor, and provide structure to the work of Maryland's 24 Local Management Boards (LMBs). The LMBs in each jurisdiction are comprised of representatives from the Children's Cabinet's local agencies, as well as local business and community members. Each LMB leads these and other stakeholders in a comprehensive needs assessment and prioritization of results and indicators based on the jurisdiction's needs. Funding from the Children's Cabinet Interagency Fund is used by the LMBs to develop and deliver services which address the eight results areas.

Until last year, specific strategies of the Children's Cabinet and the Governor's Office for Children were articulated in two guiding documents: *Maryland's Three-Year Children's Plan* (and update) and *Maryland Child and Family Services Interagency Strategic Plan*.

Since 2009, the work of the *Maryland Three Year Children's Plan* has been subsumed in the *Maryland Child and Family Services Interagency Strategic Plan*.

### ***The Maryland Child and Family Services Interagency Strategic Plan (June 2008)***

In partnership with communities, families, youth, providers, as well as State and local Agencies, the Children's Cabinet developed an Interagency Strategic Plan focused on improving the statewide service delivery system for children and families. Although this plan works towards the improvement of services for children at all levels of need, special consideration is given to at-risk children.

The plan includes recommendations and strategies organized around eight themes:

- ◆ Family and Youth Partnership
- ◆ Interagency Structures
- ◆ Workforce Development and Training
- ◆ Information Sharing
- ◆ Improving Access to Opportunities and Care
- ◆ Continuum of Opportunities, Supports, and Care
- ◆ Financing
- ◆ Education

### ***Additional Reports***

Additional reports such as the *Youth Ready by 21™ - A Five-Year Action Agenda for Maryland*, the *State of Maryland Resource Plan for Out-of-Home Placements*, and *At-Risk Youth Prevention and Diversion Programs Report* provide strategies and recommendations for targeted areas of work. Copies of each of these reports can be found at <http://www.goc.maryland.gov>.

## **RESULTS ACCOUNTABILITY**

The work of the Governor's Office for Children and the Children's Cabinet is accomplished using a Results Accountability framework. This approach focuses planning, decision-making, and budgeting on desired results and outcomes. In the planning and developing stages, the Results Accountability model focuses on identifying a result to achieve, selecting indicators that act as proxy measures for the result, understanding the data and the "story behind the data," identifying necessary partners and effective strategies, and developing an action plan and budget. In evaluating programs, this approach focuses on evaluating data by addressing three main questions: How much did we do? How well did we do it? Is anyone better off?

# REVISION OF THE CURRENT RESULTS AND INDICATORS

## Results and Indicators Workgroup Overview

During the last year, the Children's Cabinet convened a workgroup that reviewed the current Results and Indicators to assess their continued accuracy in measuring child well-being in Maryland. During this process, data for the current Results and Indicators were reviewed, along with data for potential new results and indicators. The workgroup has developed revised Results and Indicators that have been adopted by the Children's Cabinet. The workgroup has replaced some of the current Results and Indicators with stronger measures, to reflect the progress that has been made over the years to improve data collection and analysis, both statewide and nationally. Where possible, data for Transition Age Youth (18-21) was added. Whenever possible, there will be a new feature to "Hot link" the GOC website section on results and indicators to the online agency source. This will afford users the opportunity to disaggregate original data to meet their informational needs. There will also be a shift from Current Population Survey, SAIPE, and American Community Survey (ACS) (one and three year estimates) to a single source of ACS three-year averages. The 2010 report will reflect these changes to the Results and Indicators, and, where new Indicators replace historically reported Indicators, a retrospective presentation of the new data from no fewer than five years will be used to establish a current baseline.

## Overview of the 2010 Maryland Results for Child Well-Being Report

### Revised Results & Indicators

#### **Result Area 1: Babies Born Healthy**

**Indicators:** Infant Mortality, Pre-Term Births (NEW), Births to Adolescents, and Low Birth Weight Babies

#### **Result Area 2: Healthy Children**

**Indicators:** Immunizations, Deaths, Health Insurance Coverage for Children, Childhood Obesity, Injuries Resulting In Hospitalizations, Substance Use, and Childhood Asthma

#### **Result Area 3: Children Enter School Ready to Learn**

**Indicators:** Kindergarten Assessment

**Data Development Agenda:** Quality Rating Improvement System (QRIS) which would enable MSDE to measure the quality of early childhood education programs

#### **Result Area 4: Children Successful in School**

**Indicators:** Academic Performance, Demonstrated Proficient Skills and School Truancy or School Attendance (To be decided by MSDE & GOC)

#### **Result Area 5: Youth Completing School**

**Indicators:** High School Graduation Rate, High School Program Completion, and Graduation/ School Completion of Students with Disabilities

#### **Result Area 6: Youth Successfully Transitioning to Adulthood**

**Indicators:** Youth Engagement, Educational Attainment, Youth Employment, and Post Graduation Plans

#### **Result Area 7: Children Safe in Families and Communities**

**Indicators:** Abuse or Neglect, Juvenile Violent Offenses, Juvenile Serious Non-Violent Offenses, and Juvenile Violent and Serious Non-Violent Recidivism Rate

**Data Development Agenda:** Domestic Violence-Domestic Related Incidents (DRI), a metric that would be reported consistently across jurisdictions and collected by The Governor's Office on Crime Control and Prevention (GOCCP) (Protective orders were considered as a metric but introduced too many incidents that were not domestic violence related). Data collection of DRI began in January, 2010. As these data become better understood and available across jurisdictions, the Domestic Violence indicator should be reinstated based on this metric.

#### **Result Area 8: Stable and Economically Independent Families**

**Indicators:** Child Poverty, Out-of-Home Placements, and Children who are Homeless

### New Maryland Initiatives Highlight Section

It is the intent of this section to highlight key initiatives across the State that have a direct impact on the lives of Maryland's children, youth and families. We would include initiatives such as:

1. Governor's Partnership To End Childhood Hunger
2. Ready by 21™
3. Maryland Youth Advisory Council
4. Local Management Boards
5. Care Management Entities

This section will also give the Children's Cabinet Agencies an opportunity to showcase and/or provide updates on other Statewide programs/grants/initiatives. It is hoped that this added section will provide an opportunity to share with stakeholders within our State and across this country what is being done to support the well-being of children, youth, and families.

# DESCRIPTIVE GUIDE TO THE RESULTS AND INDICATORS

Information on each Indicator is organized as follows:

<b>Indicator</b>	A brief description of the Indicator.
<b>Definition</b>	A detailed description of the Indicator.
<b>Significance</b>	A brief discussion of the importance of the Indicator and how it relates to child and family well-being.
<b>Baseline Data</b>	Where available, multi-year State and national data are presented.
<b>Data Sources</b>	The source for the most recent data presented, and a brief description of the breakdowns that are available (e.g. broken down by age, race, or gender).
<b>Considerations</b>	Information about the source, the definition, or the significance or other aspects of the Indicator that should be considered when interpreting the data, using the Indicator to track trends, or setting performance goals.
<b>Related Measures</b>	If they exist, other measures that relate to the Indicator will be listed along with the source of data.
<b>Story Behind the Data</b>	A brief overview of the trend that exists for this Indicator, factors that may be impacting the trend, and additional background information.



# A GUIDE TO STATISTICS

The following is a brief description of two key statistics used throughout this guide (percent and rate), a word of caution about their use, and instructions on how to calculate the rate-of-change statistic in order to track trends.

**Percent:** Percent means per 100. For example, 15% means 15 out of 100, 75% means 75 out of 100.

**Percent** = (Number in sub-group) ÷ (Number in whole group) x 100

**Example: Percent of babies born at low birth weight (LBW), CY 2002**

$$\begin{aligned}\text{Percent} &= (\text{Number LBW}) \div (\text{Total number of births}) \times 100 \\ &= 6,623 \div 73,250 \times 100 \\ &= 9\% \text{ of births in 2002 were less than 2,500 grams (5.5 pounds)}\end{aligned}$$

**Rate:** The easiest way to understand a rate is to think of a percent as a rate per 100. (Note: Many indicators are presented as rates per 100,000.) In the example above, 9% of babies born at low birth weight could also be expressed as “9 babies per 100” are born at low birth weight.

**Rate** = (Number in sub-group) ÷ (Number in whole group) x MULTIPLIER

**Example: Rate of youth (ages 10-17) arrested for violent crimes per 100,000 youth (ages 10-17), CY 1998**

$$\begin{aligned}\text{Rate} &= (\text{Number arrested}) \div (\text{Number of youth ages 10-17}) \times 100,000 \\ &= 3,037 \div 567,678 \times 100,000 \\ &= 535 \text{ per 100,000 youth ages 10-17 were arrested for violent crimes in 1998}\end{aligned}$$

## Rate of Change:

It is often helpful to see how an indicator has changed over time. The rate of change refers to the degree of change from one time frame to another (e.g. from 1995 to 1998). Rate of change is expressed as a percentage. A positive percentage indicates an upward trend while a negative percentage denotes a downward trend.

**Rate of Change** = {[ (Recent year number) ÷ (Prior year number)] - 1} x 100

**Example: Rate of change in the rate of out-of-home placement, FY02 to FY03**

$$\begin{aligned}\text{Rate of Change} &= \{[(\text{FY03 rate of placement}) \div (\text{FY02 rate of placement})] - 1\} \times 100 \\ &= \{[10.9 \div 11.2] - 1\} \times 100 \\ &= -2.7\% \text{ is the rate of change in the rate of placement from FY02 to FY03.}\end{aligned}$$

## Caution Needed When Using Percentages or Rates with Small Numbers of Incidents:

Caution is necessary when using percentages and rates with small numbers of incidents. If the item to be measured has less than 5 occurrences (e.g. infant mortality in a given jurisdiction for a given year) then a percentage or rate should not be calculated or reported. One or both of the following methods may be employed to create a more stable percentage or rate:

- Multi-year averaging, which involves using a longer time period to produce the rate (e.g., using 3 or 5 years data); or
- Enlarging the geographic area (e.g., using a region containing several jurisdictions).

Both of these methods increase the number of observed events and, accordingly, the stability and reliability of percentages or rates calculated.





# METHODOLOGY FOR STATE MAPS

Included in the report are statewide composite maps for each Result area. These maps offer a visual representation of each jurisdiction's overall outcomes in a Result area. For each Result area, with the exception of Communities that Support Family Life, a map illustrates each jurisdiction's standing in Maryland. A jurisdiction's standing is determined by the sum of the jurisdiction's ranking on most or all of the Indicators in that Result area (e.g., for Babies Born Healthy, the sum of a jurisdiction's rankings on Infant Mortality, Low Birth Weight, and Births to Adolescents). The maps illustrate five levels of State standing in group order from highest/best (1) to lowest/worst (24). The Indicators used for each Maryland map are listed below:

## **Babies Born Healthy**

- ◆ Infant Mortality
- ◆ Low Birth Weight
- ◆ Births to Adolescents

## **Healthy Children**

- ◆ Injuries
- ◆ Deaths
- ◆ Substance Abuse

## **Children Enter School Ready to Learn**

- ◆ Kindergarten Assessment

## **Children Successful in School**

- ◆ Absence from School
- ◆ Academic Performance
- ◆ Demonstrated Basic Skills

## **Children Completing School**

- ◆ High School Dropouts
- ◆ High School Program Completion
- ◆ School Completion for Students with Emotional Disturbance

## **Children Safe in Their Families and Communities**

- ◆ Abuse or Neglect
- ◆ Deaths Due to Injuries
- ◆ Juvenile Violent Offense Arrests
- ◆ Juvenile Serious Non-Violent Offense Arrests

## **Stable and Economically Self-Sufficient Families**

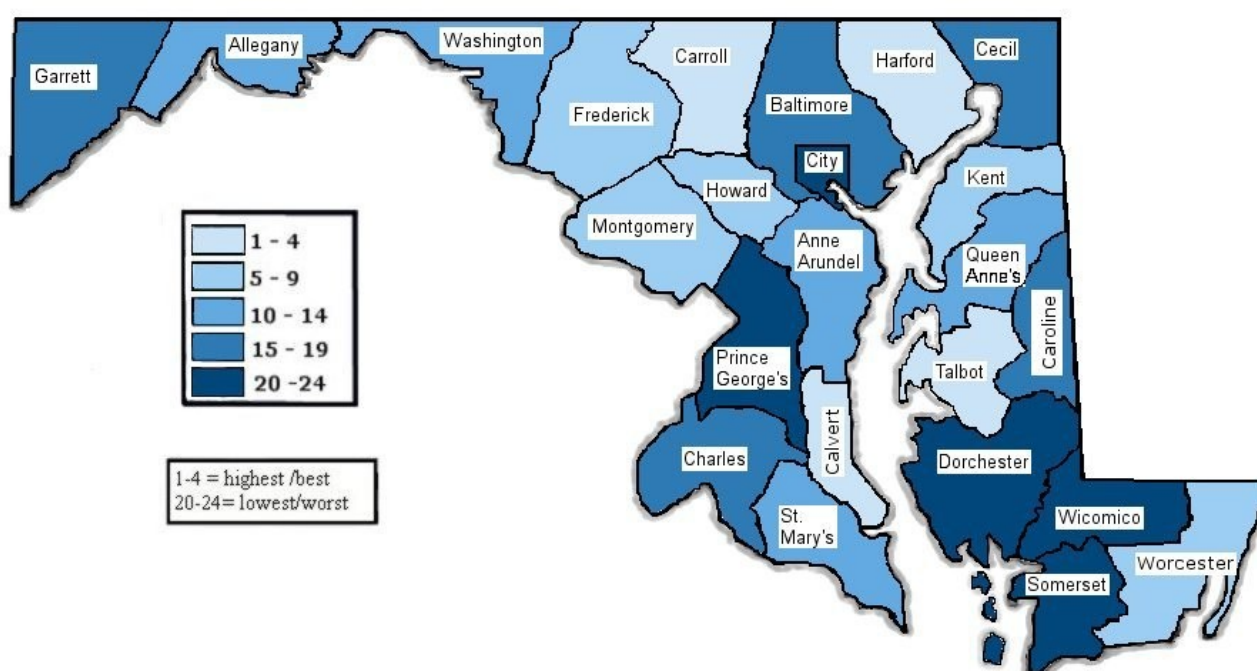
- ◆ Child Poverty
- ◆ Out-of-Home Placements
- ◆ Permanent Placements
- ◆ Homeless Adults and Children

*Note: Data presented for Indicators may be by:  
State Fiscal Year (FY), Federal Fiscal Year (FFY),  
Calendar Year (CY), or Academic Year (AY).*

*Jurisdictional data for each indicator (as available) may be found at  
the Governor's Office for Children's website, [www.goc.maryland.gov](http://www.goc.maryland.gov)*

# BABIES BORN HEALTHY

## JURISDICTIONAL RANKING



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
<b>Infant Mortality</b> (CY 2008, per 1,000 live births)	<b>8.0</b>
<b>Low Birth Weight</b> (CY 2008, percent of babies born)	<b>9.3%</b>
<b>Births to Adolescents</b> (CY 2008, per 1,000 adolescent females ages 15-19)	<b>32.7</b>

# BABIES BORN HEALTHY

## INDICATORS



### **BABIES BORN HEALTHY INDICATORS**

**INFANT MORTALITY:** The rate of deaths occurring to infants under 1 year of age per 1,000 live births.

**LOW BIRTH WEIGHT:** The percent of babies born at low birth weight, weighing less than 2,500 grams (about 5.5 pounds).

**BIRTHS TO ADOLESCENTS:** The rate of births to adolescents less than 20 years of age.

## INFANT MORTALITY

### Indicator

The rate of deaths occurring to infants under one year of age.

### Definition

The number of deaths occurring to infants under one year of age per 1,000 live births, for all infants, and for infants in selected racial groups.

### Significance

This Indicator is associated with family and prenatal access to health care as well as prenatal, family, and environmental risks to a child's healthy start.

### Baseline Data

INFANT MORTALITY (reported by calendar year)

Rate of Infant Deaths per 1,000 Live Births (ages 0-18)*- by calendar year, Maryland and National												
Maryland	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All Races	8.6	8.6	8.3	7.4	8.0	7.6	8.1	8.5	7.3	7.9	8.0	8.0
White	5.3	5.5	5.1	4.7	5.5	5.4	5.4	5.6	4.7	5.7	4.6	5.2
African-American	16.1	15.4	14.7	13.0	13.6	12.7	14.7	14.9	12.7	12.7	14.0	13.4
National	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008*
All Races	7.2	7.2	7.1	6.9	6.8	7.0	6.9	6.8	6.9	6.7	6.8	6.6
White	6.0	6.0	5.8	5.7	5.7	5.8	5.8	5.7	5.7	5.6	5.6	
African-American	14.2	14.3	14.6	14.1	14.0	14.4	14.0	13.8	15.2	13.3	13.2	
*2008 National Data is preliminary that is only available for all races												

### 2009 Data Sources

2007 Maryland Data: DHMH, Maryland Vital Statistics Annual Report 2007, Available at: <http://www.vsa.state.md.us/doc/07annual.pdf>.

2008 Maryland Data: DHMH, Maryland Vital Statistics Annual Report 2008, Available at: <http://www.vsa.state.md.us/doc/08annual.pdf>.

2007 & 2008 Notes:

\*Infant mortality rates are per 1,000 live births by race of mother.

\*\*Calculation based on Number of Infant Deaths, listed above, and Number of Births, DMHM, Maryland Vital Statistics Annual Report 2007 & 2008.

\*\*\*\*Rates based on fewer than five events in the numerator are not presented since such rates are likely to be unstable.

\*\*\*\*\*Rates Calculated by GOC staff

2008 National Data: National Vital Statistics Reports, Vol. 58, No. 18, August 2009 (Table A, page 1). Available at [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_18.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_18.pdf)

### Considerations

For Maryland data, racial groupings were determined by the race of the mother. Since 2007 national data are preliminary and 2008 national data are provisional, these data should be interpreted with caution.

## Related Measures

A “service delivery/utilization” Indicator related to infant mortality is the percent of births for which prenatal care was initiated during the first trimester. Other related measures include neonatal and post-neonatal death rates. Data for Maryland jurisdictions on these measures are reported in the *Maryland Vital Statistics Annual Report 2008* (Department of Health and Mental Hygiene). The percentage of infants born with low birth weight is also related to infant mortality. Low birth weight data are presented on page 18 of this report.

## Story Behind the Data

The infant mortality rate (IMR) in Maryland is variable from year to year. Trends in IMR over several years are more meaningful than year to year comparisons. A comparison of the five year average rates between 1999-2003 (average IMR 7.9) and 2004-2008 (average IMR 7.9) shows virtually no change in infant mortality in Maryland over the past decade. A racial disparity persists in infant mortality in Maryland, with the African-American IMR 2.6 times higher than the rate for white infants in 2008.

The leading causes of infant death in 2008, as in 2005 through 2007, were:

1. Disorders relating to short gestation and unspecified low birth weight;
2. Congenital abnormalities; and
3. Sudden Infant Death Syndrome (SIDS).

Racial disparities exist in the leading causes of infant death. In Maryland, an African-American infant is 1½ times as likely to be born prematurely as a white infant, nearly twice as likely to be born at low birth weight, and nearly 2½ times as likely to die of SIDS.

In 2008, the top three causes of death for African-American infants were:

1. Disorders relating to short gestation and unspecified low birth weight;
2. Sudden Infant Death Syndrome (SIDS); and
3. Congenital abnormalities.

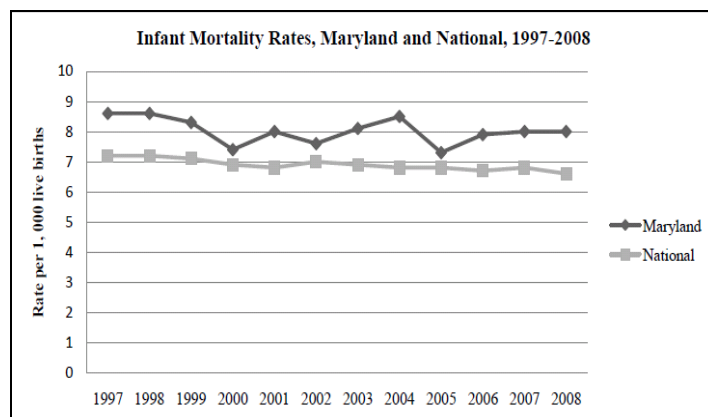
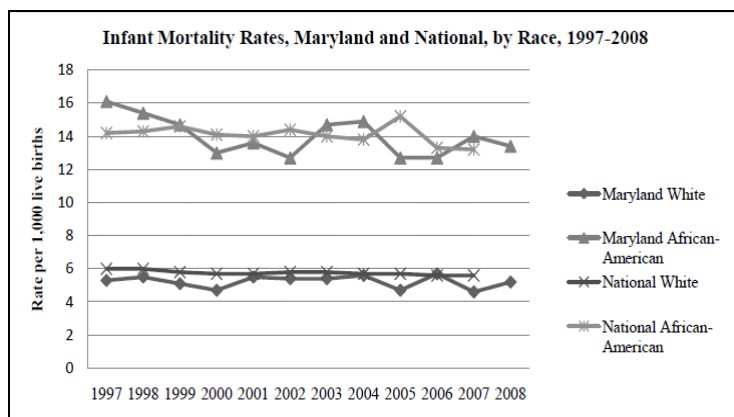
For white infants, the top three causes of death in 2008 were:

1. Congenital abnormalities;
2. Disorders relating to short gestation and unspecified low birth weight; and
3. Sudden Infant Death Syndrome (SIDS).

(*Maryland Vital Statistics Annual Report 2008*, Vital Statistics Administration, Department of Health and Mental Hygiene, Table 34a, page 127.)

Although the national data for 2008 is preliminary, Maryland’s overall IMR remains above the national average. The most recent national data by race from 2007 show that the Maryland IMR for white infants is 1% higher than the national average, while the state IMR for African-American infants is 0.8% above the national average.

The Healthy People 2010 goal is to have no more than 4.5 infant deaths per 1,000 births (all races). (*Healthy Maryland Chartbook*, Family Health Administration, Department of Health and Mental Hygiene, May 2007, pg. 45, [http://www.fha.state.md.us/pdf/ohpp/Healthy\\_Maryland\\_Chartbook.pdf](http://www.fha.state.md.us/pdf/ohpp/Healthy_Maryland_Chartbook.pdf)).





## LOW BIRTH WEIGHT

### Indicator

The percentage of babies born weighing less than 2,500 grams (approximately 5.5 pounds).

### Definition

The percent of all births and births in selected racial groups with birth weight less than 2,500 grams (approximately 5.5 pounds).

### Significance

Infant birth weight is associated with infant survival, health, and overall development. Infants weighing less than 2,500 grams are more likely to have physical and developmental problems, including learning difficulties, mental retardation, visual and hearing deficits, and chronic respiratory problems.

### Baseline Data

**LOW BIRTH WEIGHT** (reported by calendar year)

Percent of Babies Born Weighing Less than 2,500 Grams, by Mothers Race, by Calendar Year, Maryland and National												
Maryland	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All Races	8.8	8.7	9.1	8.7	9.0	9.0	9.1	9.4	9.2	9.4	9.1	9.3
White	6.3	6.4	6.7	6.4	7.0	7.0	7.1	7.4	7.1	7.4	7.1	7.2
African-American	13.7	13.1	13.7	12.9	13.0	13.3	13.1	13.2	13.2	13.4	12.9	13.2
National	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008*
All Races	7.5	7.6	7.6	7.6	7.7	7.8	7.9	8.1	8.2	8.3	8.2	8.2
White	6.5	6.5	6.6	6.5	6.7	6.8	7.0	7.2	7.3	7.3	7.2	7.2
African-American	13.0	13.0	13.1	13.0	13.0	13.0	13.5	13.7	14.0	14.0	13.8	13.7
*2008 National Data is preliminary												

### 2009 Data Sources

2007 Maryland Data: DHMH, Maryland Vital Statistics Annual Report 2007, Total Number of Births. Available at: <http://vsa.state.md.us/doc/07annual.pdf>.

2007 Notes:

\*Percentages based on <5 events in the numerator are not presented since such percentages based on small numbers

2008 Maryland Data: DHMH, Maryland Vital Statistics Annual Report 2008, Total Number of Births. Available at: <http://vsa.state.md.us/doc/08annual.pdf>.

2008 Notes:

\* Percentages based on <5 events in the numerator are not presented since such percentages based on small numbers are not reliable.

2007 & 2008 National Data: Preliminary data for 2008. National Vital Statistics Reports, Vol. 58, No. 16, April 2010. Available at [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_16.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_16.pdf)

### Considerations

For Maryland data, racial groupings were determined by the race of the mother. National data is not yet available for 2008.

## Related Measures

A “service delivery/utilization” Indicator related to low birth weight is the percent of births for which prenatal care was initiated during the first trimester. Other related measures include neonatal and post-neonatal death rates, the percentage of infants born prematurely, and the number of plural births. Data for Maryland jurisdictions on these measures are reported in the *Maryland Vital Statistics Annual Report 2006 (Department of Health and Mental Hygiene)*. The infant mortality rate, reported on page 16, is also related to low birth weight.

## Story Behind the Data

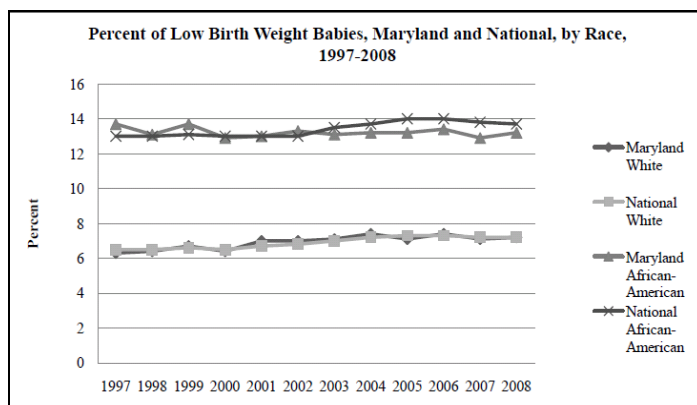
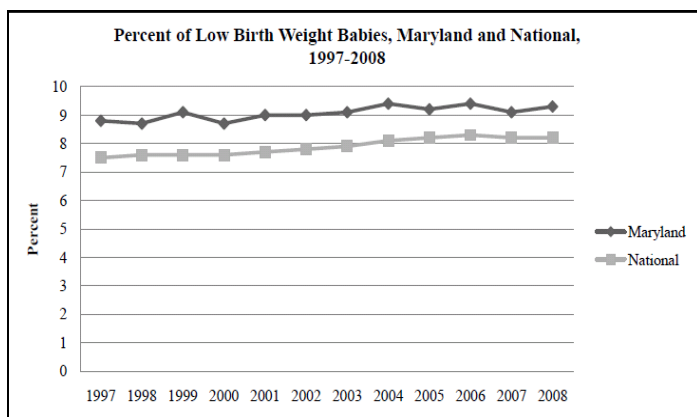
Low birth weight (LBW) is a significant factor driving infant mortality rates. LBW infants are also at increased risk of developmental delays. LBW babies may be born either prematurely (before 37 weeks gestation) or full term (37 to 41 weeks gestation) but small for gestational age. In 2008, 11.0% of all births in Maryland occurred at less than 37 weeks gestation. (*Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Department of Health and Mental Hygiene, Table 24, pg. 115.*)

The overall percent of LBW infants born in Maryland continues to be higher than the national average. In Maryland and nationally, the percent of LBW infants has been increasing. The rate of increase, however, has been slower in Maryland than nationally. The percent of LBW white infants in Maryland is very close to the national average for white infants. The percent of LBW African-American infants in the state has been below the national average since 2003.

Infants of plural births (twins, triplets or higher order) have a significantly higher risk of being LBW than single births. In 2008, only 7.2% of all singleton births in Maryland were LBW, compared to 58.4% of plural births. (*Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Department of Health and Mental Hygiene, Table 22, pg. 113.*)

Additionally, lack of prenatal care or late prenatal care (beginning in the third trimester) is related to both low birth weight and infant mortality. In 2008, 80.2% of births in Maryland were to mothers who had received prenatal care during their first trimester and 4.2% were to mothers who had received late or no prenatal care. (*Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Department of Health and Mental Hygiene, Tables 19A and 19B, pg. 107-108.*)

One of the Healthy People 2010 goals is to reduce low birth weight births to 5.0% of all live births. (*Healthy Maryland Chartbook, Family Health Administration, Department of Health and Mental Hygiene, May 2007, pg. 45, [http://www.fha.state.md.us/pdf/ohpp/Healthy\\_Maryland\\_Chartbook.pdf](http://www.fha.state.md.us/pdf/ohpp/Healthy_Maryland_Chartbook.pdf).*)



## BIRTHS TO ADOLESCENTS

### Indicator

The rate of births to adolescents, ages 10-19.

### Definition

The rate of births, per 1,000, to adolescent females ages 10 to 14, ages 15 to 17, and ages 18 to 19.

### Significance

Adolescent mothers are more likely to drop out of high school, experience unemployment, or, if employed, earn lower wages than women who begin childbearing after age 20. Children born to teen mothers face increased risks of low birth weight, prematurity, infant mortality, developmental problems, and poverty.

### Baseline Data

**BIRTHS TO ADOLESCENTS** (reported by calendar year)

Rate of Live Births per 1,000 Women, ages 10-19- by calendar year, Maryland and National												
Age 10-14	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Maryland	1.2	1.1	0.9	0.9	0.8	0.7	0.6	0.7	0.6	0.6	**	**
National	1.1	1.0	0.9	0.9	0.8	0.7	0.6	0.7	0.7	0.6	0.6	0.6*
Age 15-17	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Maryland	28.2	26.4	25.1	23.3	20.9	19.9	18.2	18.0	16.8	17.5	**	**
National	32.1	30.4	28.7	27.5	24.7	23.2	22.4	22.1	21.4	22.0	23.7	21.7*
Age 15-19	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Maryland	43.9	42.8	42.5	41.2	37.8	35.4	33.3	32.4	31.8	33.6	34.4	32.7
National	52.3	51.1	49.6	48.7	45.3	43.0	41.6	41.1	40.5	41.9	42.5	41.5*
*2008 National Data is preliminary												
**2007 & 2008 Maryland Births to Females under 15 are NOT included in the Birth Rate of Females Ages 15-19, nor are they included in the Children's Cabinet's Birth Rate to Adolescents Indicator, due to DHMH and US Census counting of population in age groups of 5-14 and 15-19.												

### 2009 Data Sources

2007 Maryland Data: DHMH, Maryland Vital Statistics Annual Report 2007, Female Population, 2007: Tables 5C, 5F, 5I (pages 66, 69, and 72); and Births to Adolescents: Tables 11A, 11B, and 11D (pages 87, 88, and 90). Available at: <http://www.vsa.state.md.us/doc/07annual.pdf>.

2007 Notes:

\* Births to Females under 15 are NOT included in the Birth Rate of Females Ages 15-19, nor are they included in the Children's Cabinet's Birth Rate to Adolescents Indicator, due to DHMH and US Census counting of population in age groups of 5-14 and 15-19.

\*\* n/a: Birth rates not calculated when the numerator (number of births) is less than 5.

2008 Maryland Data: DHMH, Maryland Vital Statistics Annual Report 2008, Female Population, 2008: Tables 5C, 5F, 5I (pages 66, 69, and 72); and Births to Adolescents: Tables 11A, 11B, and 11D (pages 87, 88, and 90). Available at: <http://www.vsa.state.md.us/doc/08annual.pdf>.

2008 Notes:

\* Births to Females under 15 are NOT included in the Birth Rate of Females Ages 15-19, nor are they included in the Children's Cabinet's Birth Rate to Adolescents Indicator, due to DHMH and US Census counting of population in age groups of 5-14 and 15-19.

\*\* n/a: Birth rates not calculated when the numerator (number of births) is less than 5.

2007 & 2008 National Data: Preliminary data for 2008. National Vital Statistics Reports, Vol. 58, No. 16, April 2010. Available at [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_16.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_16.pdf).

## Considerations

National data from the CDC is considered preliminary data, and may be revised at a later date.

As pregnancies between ages 10 and 14 occur at a much lower rate than in age groups 15-19, there is greater variability between reporting years in the 10-14 year datasets. The 15-19 datasets show more consistency, and have therefore been used to calculate the jurisdictional rankings, shown on page 15.

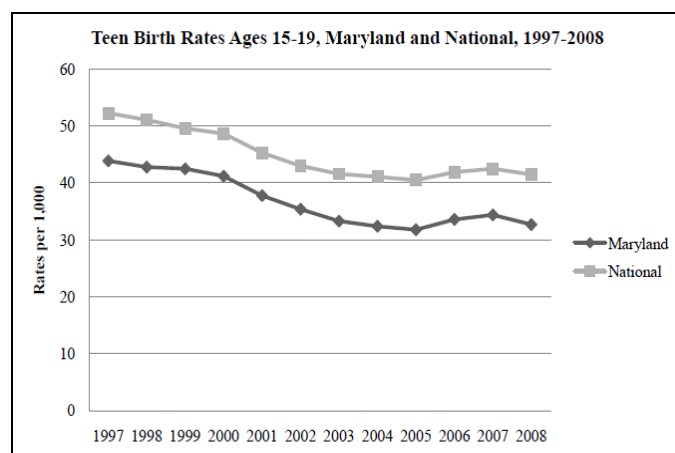
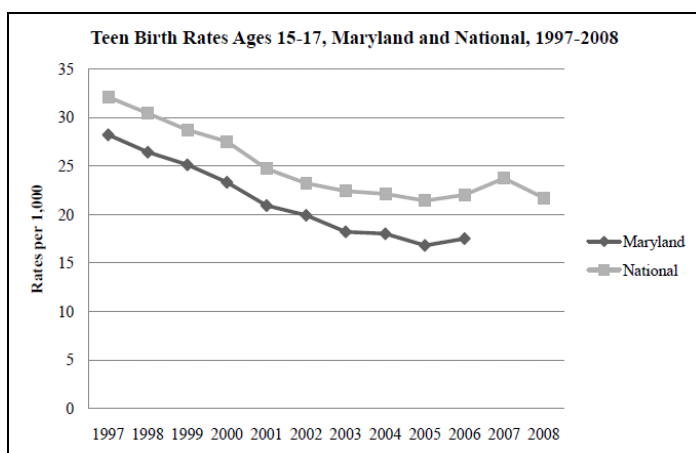
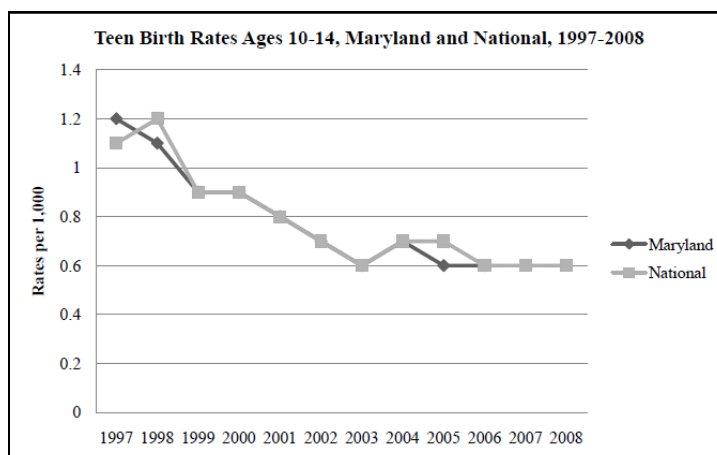
## Related Measures

Low birth weight, infant mortality, and late onset of prenatal care are associated with births to adolescents.

## Story Behind the Data

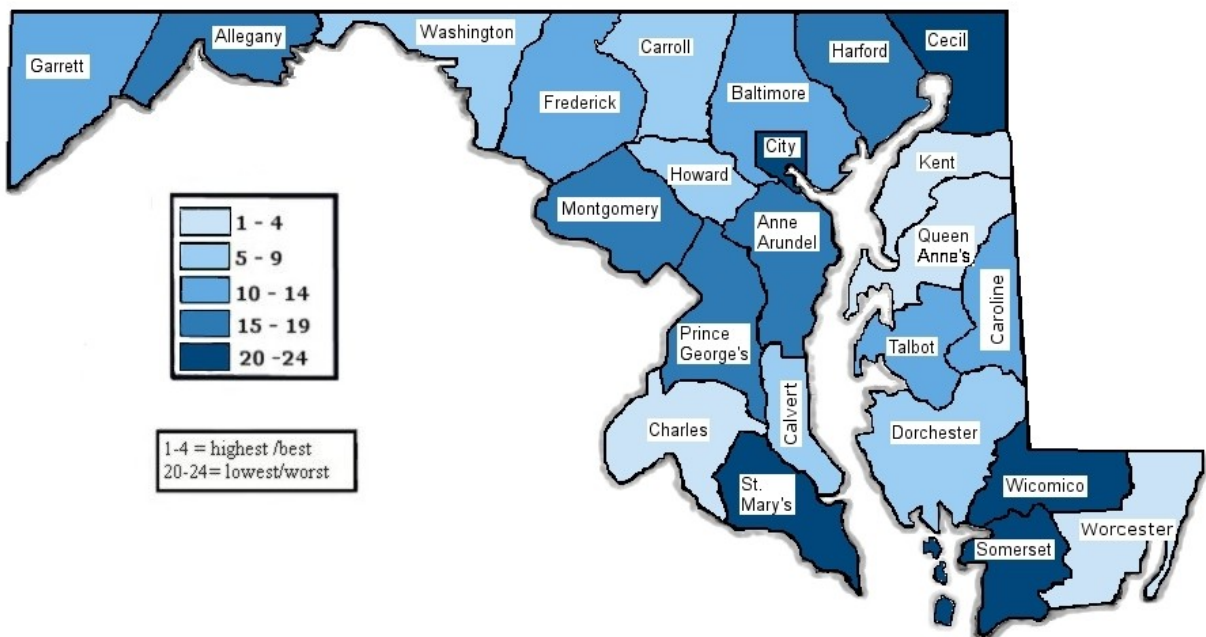
The birth rate to mothers age 10-14 has declined over the past 10 years in Maryland but has remained essentially unchanged since 2005.

After a decade of steady decline, Maryland's birth rates to mothers age 15-17 and age 15-19 increased slightly in 2006 and 2007. These increases were similar to increases seen in the national data. Maryland 2008 data, however, show another decline in birth rates to adolescents in both age groups. Maryland birth rates for both age groups are below the national averages.



# HEALTHY CHILDREN

## JURISDICTIONAL RANKING



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
<b>Injuries</b> (CY 2008, per 100,000 youth ages 0–19)	<b>Unintentional - 4.3, Assault - 0.4, Self-Inflicted - 0.3</b>
<b>Deaths</b> (CY 2007, per 100,000 children ages 0–19)	<b>34.3</b>
<b>Substance Abuse</b> (CY 2007, 8th graders)	<b>Cigarettes - 4.2%, Alcohol - 12.7%, Marijuana - 4.6%</b>

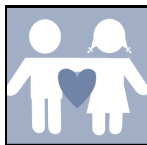


# HEALTHY CHILDREN

## INDICATORS



### HEALTHY CHILDREN INDICATORS



**IMMUNIZATIONS:** The percent of children fully immunized by age two.

**INJURIES:** The rate of child injuries that require hospitalization.

**DEATHS:** The rate of child fatalities among children one year of age and older.

**SUBSTANCE ABUSE:** The percentage of public school students who report using alcohol, tobacco, or other drugs.

## IMMUNIZATIONS

### Indicator

The percent of children fully immunized at age two.

### Definition

For data 2002 - 2008: The percent of children 19-35 months of age who have received the full schedule of appropriate immunizations against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, HIB, hepatitis B, and varicella (4:3:1:3:3:1 series).

### Significance

The immunization status of young children is a positive predictor of avoidance of death, disability, or developmental delays associated with immunization-preventable diseases.

### Baseline Data

**IMMUNIZATION COVERAGE AT AGE 2** (reported by calendar year) for 4 doses of Diphtheria, 3 doses of Polio, 1 dose of Measles-containing vaccine, 3 doses of HIB, 3 doses of Hepatitis B, and 1 dose of Varicella (4:3:1:3:3:1).

**National Immunization Survey: ESTIMATED VACCINATION COVERAGE AMONG CHILDREN\* - BETWEEN THE AGES OF 19 MONTHS - 35 MONTHS, SURVEY YEARS 2000 – 2008, Maryland and National Data**

	2002*	2003	2004	2005	2006	2007	2008
<b>Maryland</b>	71	77	76	79	78	91	80
<b>National</b>	66	73	76	76	77	77	76

\*Data prior to 2002 is not available

### 2008 Data Sources

2008 Maryland and National Data: National Immunization Survey (NIS) of children aged 19-35 months using random digit dialing methods.

Notes: \*Combined series 4:3:1:3:3:1, consisting of 4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, 1 or more doses of any MMR, 3 or more doses of Hib, 3 or more doses of HepB, and 1 or more doses of Varicella.

### Considerations

As a result of the smaller sample size, data for Maryland has a larger 95% Confidence Interval than the national data. For 2008 data, the Maryland 95% Confidence Interval was  $\pm 4.9\%$ , whereas the national range was  $\pm 1.1\%$ . Therefore, fluctuations in the Maryland data may not reflect immunization coverage as accurately as the national data.

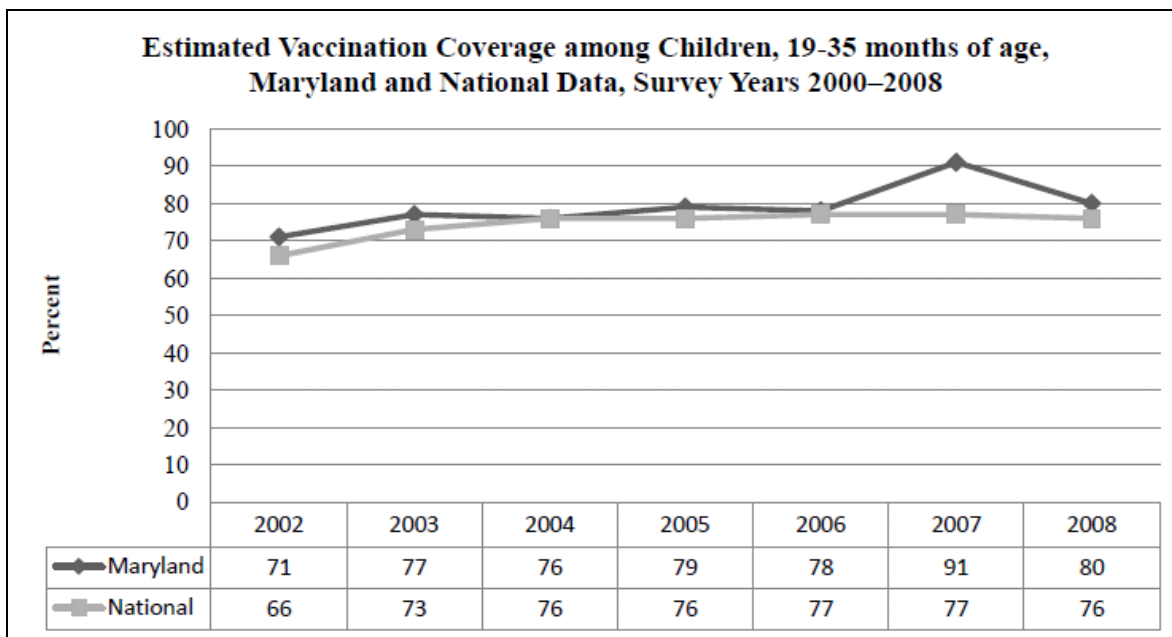
### Related Measures

The *Annual Report of All Kindergarten Immunization Status for the School Year 2008-2009* is a survey of public and private Maryland schools. Per Code of Maryland Regulations (COMAR) requirements, schools are asked to report the number of fully vaccinated students upon kindergarten enrollment. From 2003 to 2007, fully vaccinated kindergarten students have been at or above 99 percent. Although using a survey sample may not be fully indicative, it does demonstrate the success of ensuring children are fully immunized by age five.

## Story Behind the Data

The recommended schedules for immunizations for children and adults can change yearly. Both the Department of Health and Mental Hygiene's Office of Epidemiology and Disease Control Programs and the CDC provide information on immunization schedules. Their respective websites are: [www.edcp.org](http://www.edcp.org) and [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

Maryland is currently above the national average for immunizations of children aged 19-35 months. The CDC reported that Maryland has the highest coverage with 80.3 percent, as compared to the national average of 76.1 percent. Annual quality assurance visits to vaccine providers, strong local health department support, community efforts, and parents are credited with the above average immunization rates. Although the immunization rates are high, room for improvement still exists. Expanding the use of the Maryland Immunization Registry and emphasizing the importance of vaccination through public education are needed to sustain and improve immunization coverage.



## INJURIES

### Indicator

The rate of child injuries that require inpatient hospitalization.

### Definition

The number of injury-related inpatient hospital discharges per 1,000 children, age 0-19 years, in three broad injury categories: unintentional injuries, assaults, and self-inflicted injuries by jurisdiction and children's race.

### Significance

Childhood injuries requiring inpatient hospitalization present risks of long-term illness and disability. Not only are the injuries themselves traumatizing for the child and family, but the cost to public and private medical insurance for care is high.

### Baseline Data

#### CHILD INJURY-RELATED INPATIENT HOSPITAL DISCHARGES (reported by calendar year)

Rate of Child Injuries per 1,000 Children Ages 0-19- by calendar year, Maryland and National												
Unintentional injuries	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All Races	4.3	3.4	4.0	3.8	3.8	3.8	3.9	4.2	4.1	4.4	4.4	4.3
White	4.6	3.8	4.1	3.9	3.7	3.9	4.0	4.2	4.2	4.7	4.2	4.0
African- American	4.2	3.2	3.9	3.9	3.8	3.7	3.8	4.1	3.9	4.2	4.6	4.7
All other races	4.0	3.3	3.8	2.6	3.8	5.1	5.0	5.8	6.0	5.0	5.1	4.8
Assaults	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All Races	0.4	0.4	0.3	0.3	0.3	0.4	0.4	0.3	0.4	0.5	0.4	0.4
White	1.1	0.9	0.8	0.8	0.7	0.8	0.87	0.8	0.9	1.0	0.1	0.2
African- American	0.2	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.2	1.0	0.9
All other races	0.2	0.4	0.2	0.1	0.2	0.4	0.3	0.3	0.4	0.3	0.3	0.4
Self-inflicted injuries	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All Races	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
White	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.4
African- American	0.3	0.3	0.3	0.4	0.4	0.4	0.3	0.3	0.4	0.3	0.3	0.2
All other races	0.5	0.3	0.3	0.2	0.5	0.3	0.6	0.6	0.7	0.4	0.4	0.1

### 2009 Data Source

2007 Source: Derived from HSCRC 2007 Hospital Discharge Dataset

2008 Source: DHMH (unpublished data), Derived from HSCRC 2008 Hospital Discharge Dataset

Population Estimates: Prepared by the Maryland Department of Planning, Planning Data Services

2007 & 2008 Source: Census 2000 Modified Race data (MR(31)-CO.txt) prepared by the U.S. Census Bureau, May 2009.

[http://www.mdp.state.md.us/msdc/Pop\\_estimate/estimate\\_00to08/by\\_age\\_race\\_sex/county/CNTY\\_PopEst\\_2007.xls](http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_00to08/by_age_race_sex/county/CNTY_PopEst_2007.xls) and

[http://www.mdp.state.md.us/msdc/Pop\\_estimate/estimate\\_00to08/by\\_age\\_race\\_sex/county/CNTY\\_PopEst\\_2008.xls](http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_00to08/by_age_race_sex/county/CNTY_PopEst_2008.xls)

## Considerations

These data refer to encounters with the healthcare system, not to individuals or to incidents. Recurring visits, either for the same injury or for subsequent injuries, were counted separately. Injuries for which medical care was sought outside of Maryland or not at all were not included in the data. Therefore, the data may not be a good estimate of child injury-related hospitalization in jurisdictions adjacent to other states or to the District of Columbia, and the injury rates may be underestimated for children without proper health care.

The rates of unintentional injury reported here are not consistent with those in DHMH's Annual Injuries in Maryland reports. Due to the inclusion of codes corresponding to adverse effects of medical care, the estimates of unintentional injury reported here are higher than those reported elsewhere.

It is important to note that the data do not indicate whether a child injury was related to abuse or neglect and the rates reported here are not direct estimates of the incidence rates of child injuries. Rates are not calculated for counts less than 20 because of unreliable and unstable statistical estimates. Caution should be used when interpreting small numbers.

## Related Measures

Data from the Maryland Health Services Cost Review Commission (HSCRC) is also used by the Family Health Administration of DHMH to produce annual reports in an effort to provide injury professionals a better direction for designing programs to reduce injuries to Maryland residents ([http://fha.maryland.gov/ohpetup/injury\\_reports.cfm](http://fha.maryland.gov/ohpetup/injury_reports.cfm)). Additional injury-related data can be found at the Family Health Administration of the DHMH (<http://www.fha.state.md.us/ohpetup/eip.cfm>) and at the Web-based Injury Statistics Query and Reporting System (WISQARS<sup>TM</sup>), operated by the Centers for Disease Control and Prevention (CDC) (<http://www.cdc.gov/injury/wisqars/index.html>).

## Story Behind the Data

Injuries may be the result of unintentional or intentional events. Most unintentional injuries are related to motor vehicles, falls, fires and burns, poisonings, choking and suffocation, and drowning. Intentional injuries include assaults and self-inflicted injuries.

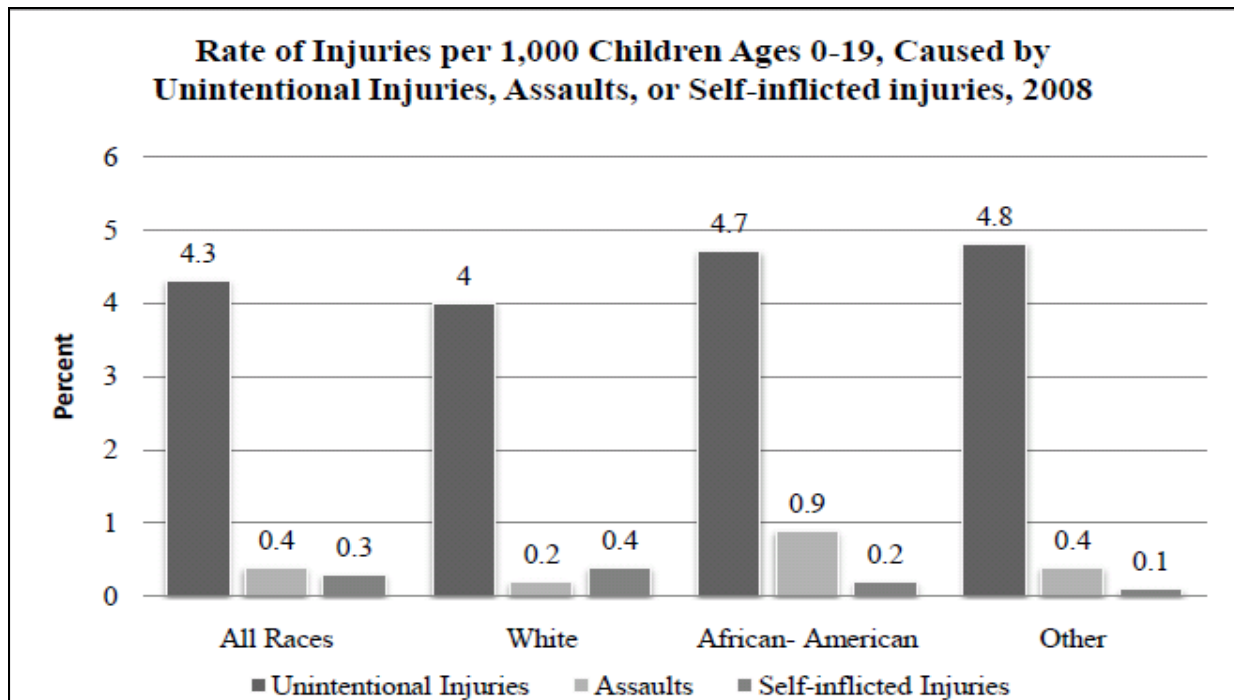
In 2007, there were 6,683 total inpatient hospital discharges for unintentional injury, 643 discharges for injuries due to assault, and 473 discharges for self-inflicted injuries among Maryland children aged 0-19 years. In 2008, there were the following inpatient hospital discharges: 6,438 for unintentional injuries, 636 for injuries due to assault, and 478 self-inflicted injuries. Compared to white children, African-American children and children of other race groups had statistically significant higher rates of hospitalization for unintentional injury and injury due to assault. This suggests that in Maryland there may be racial differences in unintentional injuries and injuries due to assaults among children.

Among white children, the highest rate of hospitalization for unintentional injury was reported in Caroline County in 2007 and Carroll County in 2008. The lowest rate was reported in Prince George's County in both 2007 and 2008. The ability to evaluate the differences across counties in injury-related hospitalization among African-American children and children of other race groups was precluded by small numbers. Please note that the rates by jurisdiction may also be influenced by geographical distribution of hospitals.

In the United States in 2007-2008, the top 5 leading causes of nonfatal injuries for children aged 0-19 years were unintentional fall, unintentional struck by/against, unintentional overexertion, motor vehicle accidents, and unintentional cut/pierce (*data source: WISQARS<sup>TM</sup> (<http://webappa.cdc.gov/sasweb/ncipc/nfilead2001.html#precompiled>); accessed on February 4, 2010*).

## Story Behind the Data, cont

Statewide programs such as Kids in Safe Seats, which provide free inspection of car seat installations and free car seats to those in need, and Smoke Alarms for Everyone (SAFE), which provide community grants to provide fire prevention materials, education and installation of smoke alarms, are examples of initiatives designed to prevent both child injury and deaths due to injuries. Both programs are administered by the Center of Health Promotion and Education (<http://fha.maryland.gov/ohpetup/eip.cfm>).





## DEATHS

### Indicator

The rate of deaths among children age 1-19 years.

### Definition

The number of deaths per 100,000 children age 1-19 years, by age, jurisdiction and children's race.

### Significance

This indicator measures the worst health outcome of children. Comparisons of death rates could indicate potentially increased risks for children of specific age groups, racial/ethnic backgrounds and residential jurisdiction.

### Baseline Data

**NUMBER AND RATES OF CHILD DEATHS BY AGE, JURISDICTION, AND RACE** (reported by calendar year)

Rate of Child Deaths per 100,000 Children Ages 1-19, by Calendar Year, Maryland and National									
Maryland	1999	2000	2001	2002	2003	2004	2005	2006	2007
All Races	36.0	32.7	34.6	33.3	34.5	33.7	29.8	30.7	34.3
White	28.2	28.8	28.2	26.1	27.0	26.4	24.6	27.4	27.9
African- American	53.9	46.4	49.3	47.4	50.9	49.3	40.1	38.8	46.4
All other races	19.7	9.6	16.4	24.1	18.1	13.5	21.0	15.6	28.0
National	1999	2000	2001	2002	2003	2004	2005	2006	2007
All Races	34.9	33.9	33.6	33.5	33.0	32.7	32.3	31.5	N/A*
White	32.7	32.1	31.9	31.9	31.5	31.0	30.4	29.4	N/A*
African- American	48.2	45.2	44.0	43.7	42.4	43.0	43.3	43.2	N/A*
All other races	26.9	26.0	27.5	27.0	28.1	26.1	26.1	25.6	N/A*
*2007 National data is unavailable									

### 2009 Data Sources

2007 Maryland data source: Counts of Child Deaths: Data requested from DHMH.

Population: Tables 5A, 5D, 5G Maryland Vital Statistics Annual Report, 2007, DHMH

Maryland Rate Calculated by GOC, Rate = (count of deaths/population) X 100,000

2006 National Data Source: National Center for Health Statistics, Center for Disease Control and Prevention, accessed through CDC wonder: <http://wonder.cdc.gov/mortsq1.html>

### Considerations

It may be desirable to compute multi-year averages, particularly for small jurisdictions and subgroups. Rates are not calculated for counts less than 6 because of unreliable and instable statistical estimates. Caution should be used when interpreting small numbers.

## Related Measures

The Center for Maternal and Child Health at the Department of Health and Mental Hygiene produces an annual report from the Maryland State Child Fatality Review Team ([http://fha.maryland.gov/mch/cfr\\_home.cfm](http://fha.maryland.gov/mch/cfr_home.cfm)) as well as an annual Child Death Report ([http://fha.maryland.gov/pdf/mch/cfr\\_Child\\_Death\\_Report\\_2008.pdf](http://fha.maryland.gov/pdf/mch/cfr_Child_Death_Report_2008.pdf)).

The Annie E. Casey Foundation 2009 National Kids Count Data Book publishes state and national child death rates for children ages 1-14., as well as a teen death rate, for children ages 15 - 19. For 2006, Maryland is ranked 16<sup>th</sup> in the nation for the child death rate, but 22<sup>nd</sup> for the teen death rate. (The Annie E. Casey Foundation 2009 National Kids Count Data Book, page 85.)

Additional child mortality related data can be found at the Maryland Assessment Tool for Community Health (MATCH) (<http://fha.maryland.gov/match.cfm>) and the Leading Causes of Death Reports by the Centers for Disease Control and Prevention (CDC) (<http://webappa.cdc.gov/sasweb/ncipc/leadcaus.html>).

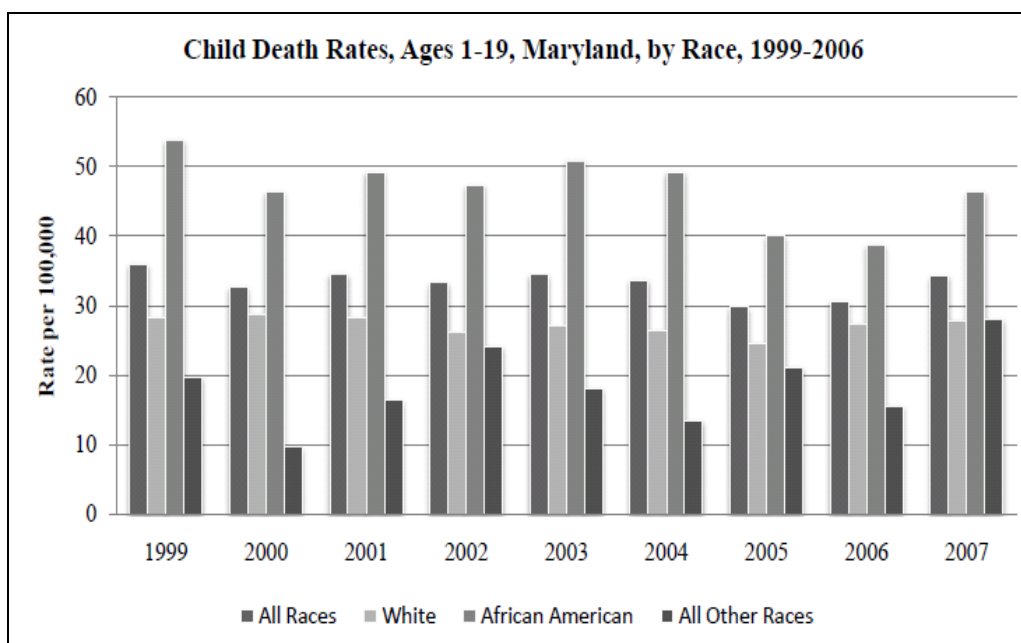
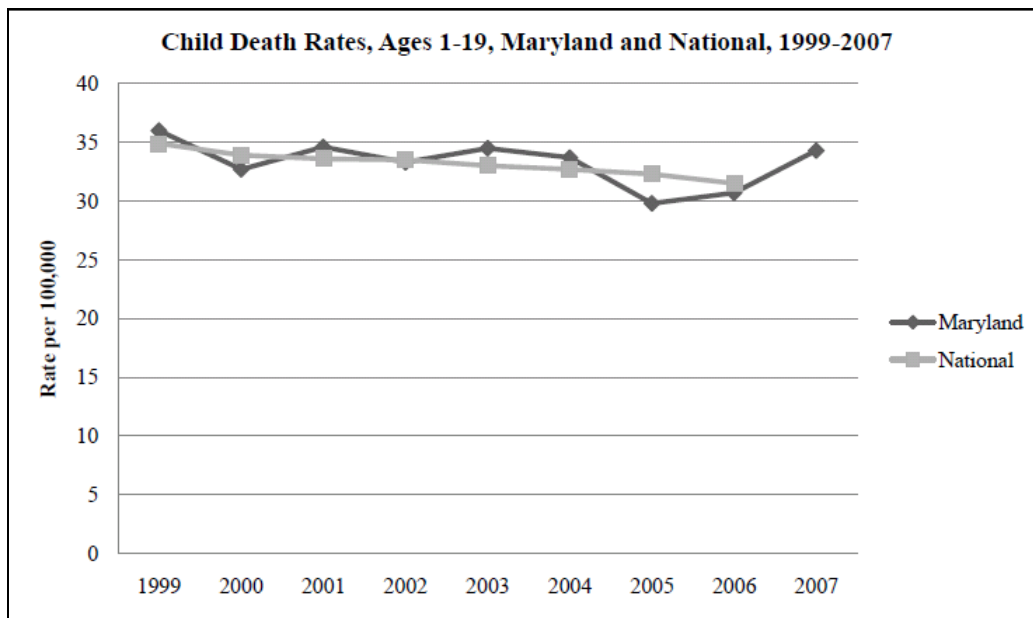
The Annie E. Casey Foundation 2009 National Kids Count Data Book											
Child Deaths per 100,000 Children Ages 1-14 - Maryland and National											
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
<b>Maryland</b>	24	22	19	20	21	22	20	20	21	16	18
<b>National</b>	26	25	23	23	22	22	21	21	20	20	19
Teen Deaths per 100,000 Children Ages 15 - 19 - Maryland and National											
<b>Maryland</b>	80	75	78	84	71	73	73	77	67	66	64
<b>National</b>	77	74	69	69	67	67	68	66	66	65	64
Source: <a href="http://www.kidscount.org/datacenter/">http://www.kidscount.org/datacenter/</a>											

## Story Behind the Data

Maryland's child death rate has generally decreased over the past decade. In 2007, 494 children between the ages of 1 and 19 years died. Twenty-two percent of these children were age 1-5 years, and 67% were age 11 to 19 years. The overall mortality rate among children ages 1-19 years in 2007 in Maryland was 34.3 per 100,000 children. African-American children had statistically significant higher death rates than those of white children (rate difference: 18.5 per 100,000; 95% confidence interval: 11.6 – 25.5 per 100,000). Among jurisdictions, the highest child mortality was reported in the Eastern Shore Area (46.3 deaths per 100,000 children); and, the lowest was reported in the National Capital Area (28.8 deaths per 100,000 children). The ability to evaluate the differences across counties and across age groups was precluded by small numbers.

In Maryland from 2000 to 2006, the top 3 leading causes of death for children aged 1-14 years were accidents, other cause of death, and malignant neoplasms (*data source: MATCH (<http://fha.maryland.gov/match.cfm>); accessed on February 4, 2010*). In the United States from 2000 to 2006, the top 3 leading causes of death for children aged 1-14 years were unintentional injury, malignant neoplasms, and congenital anomalies (*data source: WISQARS Leading Causes of Death Reports, 1999 - 2006 (<http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>); accessed on February 4, 2010*).

## Story Behind the Data, cont



## SUBSTANCE ABUSE

### Indicator

The percentage of public school students who report using alcohol, tobacco, or other drugs.

### Definition

Percent of public school students who report using alcohol, tobacco, or illegal drugs by type of substance and by age/grade (6th, 8th, 10th, and 12th) within the last 30 days.

### Significance

Use of dangerous/illegal substances poses major health risks to youth. Early use of some substances (e.g. tobacco) is associated with later drug use and high-risk behavior.

### Baseline Data

**SUBSTANCE ABUSE IN THE LAST 30 DAYS** (percent of students, reported by calendar year)

Percent of Public School Students Who Report Using Substances In the Last 30 Days - by Calendar Year, Maryland and National												
	Cigarettes				Alcohol				Marijuana			
Maryland	2001	2002	2004	2007	2001	2002	2004	2007	2001	2002	2004	2007
6th Grade	2.5	1.3	1.5	1.0	6.3	5.0	5.4	3.8	1.2	0.8	0.8	0.8
8th Grade	10.6	6.6	5.9	4.2	22.8	16.4	16.2	12.7	10.6	6.9	6.4	4.6
10th Grade	16.6	12.7	11.2	9.1	35.0	35.0	31.4	27.8	19.8	16.7	15.6	13.9
12th Grade	25.5	19.8	19.8	16.3	47.5	44.3	44.1	42.2	22.7	21.0	21.9	20.7
	Heroin				Ecstasy				LSD			
Maryland	2001	2002	2004	2007	2001	2002	2004	2007*	2001	2002	2004	2007
6th Grade	0.3	0.3	0.2	0.4	0.4	0.4	0.3	0.3	0.6	0.4	0.3	0.4
8th Grade	1.1	0.7	0.8	0.6	2.4	1.4	1.2	0.8	2.2	0.8	1.0	0.6
10th Grade	1.1	1.1	1.1	1.1	4.8	3.1	1.9	1.8	3.7	2.4	1.7	1.9
12th Grade	0.9	1.4	1.5	1.3	4.8	3.6	2.7	2.6	3.7	2.7	2.1	2.2
	Cigarettes				Alcohol				Marijuana			
National	2001	2002	2004	2007	2001	2002	2004	2007	2001	2002	2004	2007
8th Grade	12.2	10.7	9.2	7.1	21.5	19.6	18.6	15.9	9.2	8.3	3.4	5.7
10th Grade	21.3	17.7	16.0	14.0	39.0	35.4	35.2	33.4	19.8	17.8	15.9	14.2
12th Grade	29.5	26.7	25.0	21.6	49.8	48.6	48.0	44.4	22.4	21.5	19.9	18.8
	Heroin				Ecstasy				LSD			
National	2001	2002	2004	2007	2001	2002	2004	2007	2001	2002	2004	2007
8th Grade	0.6	0.5	0.5	0.4	1.8	1.4	0.8	0.6	1.0	0.7	0.5	0.5
10th Grade	0.3	0.5	0.5	0.4	2.6	1.8	0.8	1.2	1.5	0.7	0.6	0.7
12th Grade	0.4	0.5	0.5	0.4	2.8	2.4	1.2	1.6	2.3	0.7	0.7	0.6
*2008 Ecstasy data includes Designer Drugs, such as MDMA.												

## 2009 Data Source

*2007 Maryland and National Source: 2007 Maryland Adolescent Survey*, Maryland State Department of Education, Division of Student, Family, and School Support, 9/15/08. Maryland data - pg. 57; National data - pg. 69.

Data is available by age, gender, race/ethnicity, age of first use, and jurisdiction. The report includes data on a number of other indicators of substance use, including percentage of students who have ever used specific substances, used in the last 12 months, engaged in binge use, frequency of use, and other factors.

The 2007 Maryland Adolescent Survey (MAS) is the first report published since the 2004 report.

## Considerations

Standard sampling methodology was utilized to ensure that the results are reliable, consistent, and generalizable.

## Related Measures

The National Institute on Drug Abuse publishes a Monitoring the Future Study, in which national substance abuse data is reported. This report is the original source for the national data used in the MAS, and thus in this report. (Overview of Key Findings from Monitoring the Future Study, 2007, National Institute on Drug Abuse.)

## Story Behind the Data

The 2007 MAS presents the latest findings regarding Alcohol, Tobacco, and Other Drugs (ATOD) use by Maryland's adolescents and compares State and local findings with national findings and trends. The survey also provides data about protective factors, adolescents' knowledge about the consequences of ATOD use, parenting and peer influences, impaired driving among twelfth graders, and how safe adolescents feel at school, going to or from school, and in their neighborhoods. State and local prevention professionals plan and evaluate Maryland's ATOD prevention efforts by using information contained in this report.

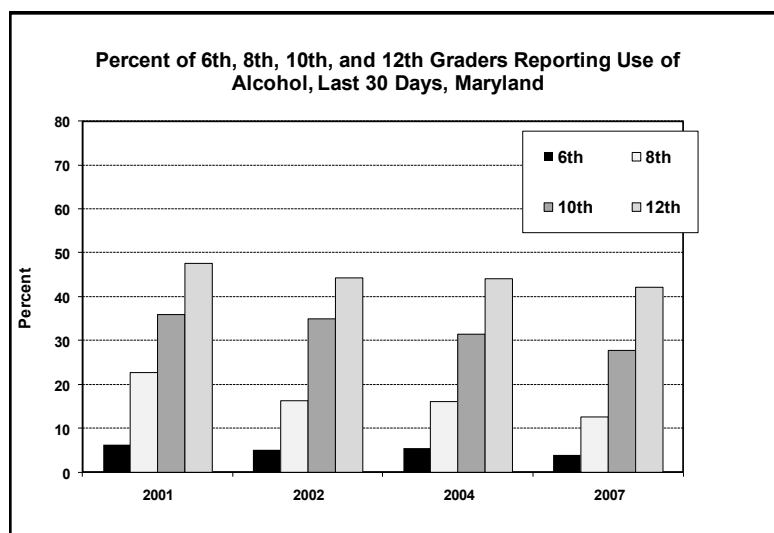
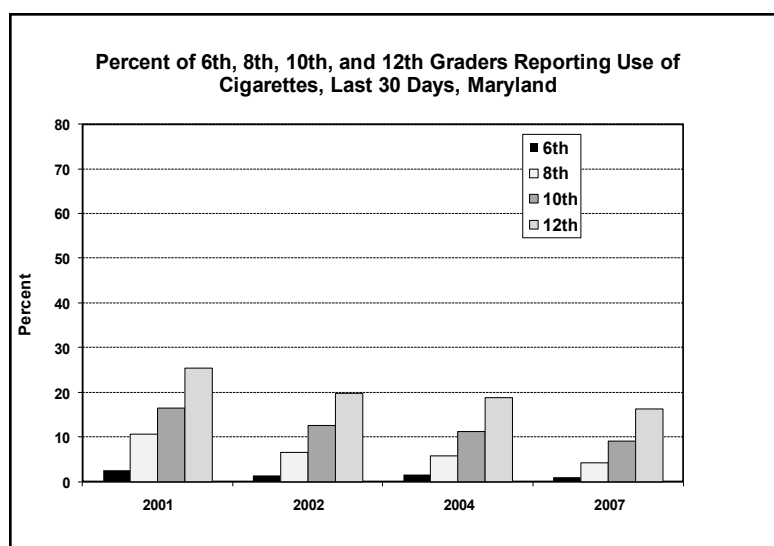
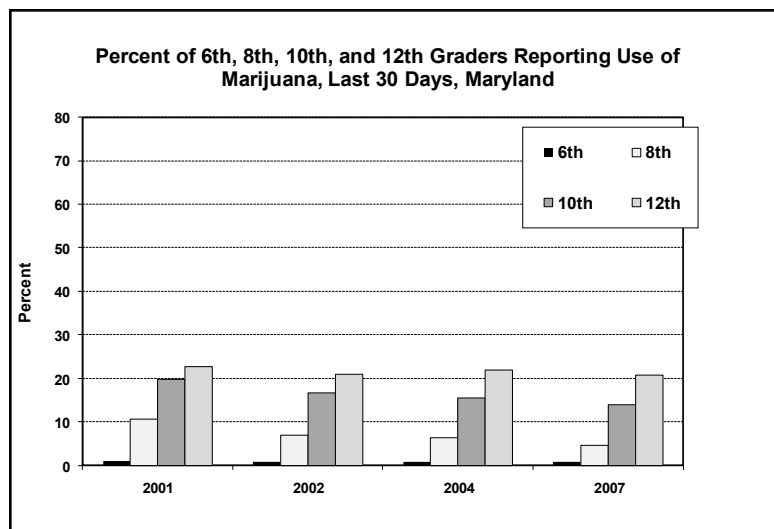
Participants were drawn from the sixth, eighth, tenth, and twelfth grades in Maryland's public elementary, middle and high schools, using a multi-stage, stratified cluster sampling procedure. This method allows the generalization of results for each grade at both the local jurisdiction and State levels. The survey was completed by 33,057 adolescents and represents 12 to 14 percent of the State's enrollment at each surveyed grade level and an 84% overall response rate.

ATOD usage levels in 2007 (for the last 30 days) decreased from 2004 for many substances and increased for very few. Adolescents in all surveyed grade levels reported a decrease in the use of alcohol and cigarettes. For marijuana, there was a decrease in use in grades eight, ten, and twelve and no change among sixth graders. Twelfth graders reported a decrease or no change in 30 day usage of other drugs for every substance except prescription narcotics. For tenth graders, there was a decrease or no change for every substance except LSD and cocaine (other than crack).

Eighth graders reported a decrease or no change in use for every substance. Sixth graders reported the same usage level for most other drugs but higher usage levels for methamphetamines, amyl/butyl nitrates, and heroin. Even when 2007 levels increased compared to 2004, they consistently decreased over the long term.

While the continued decrease in usage trends is encouraging, the findings of the 2007 MAS still show that adolescents have tried and continue to use many substances. It is also important to note that substance use rates among Maryland's adolescents are consistent with national trends as reported in the most recent Monitoring the Future Study.

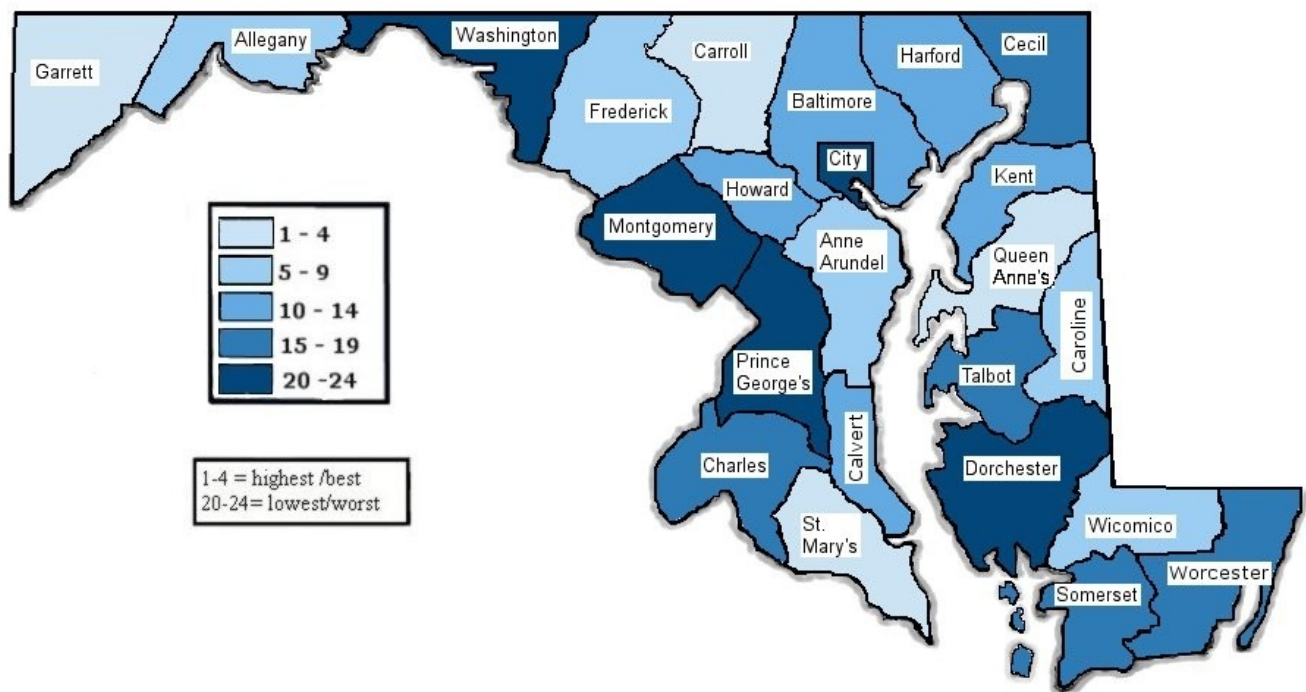
## Story Behind the Data, cont





# CHILDREN ENTER SCHOOL READY TO LEARN

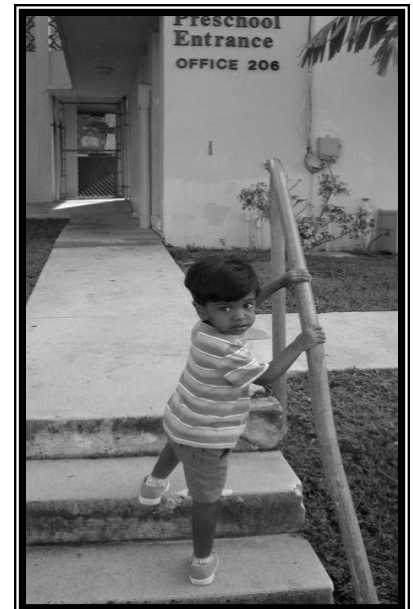
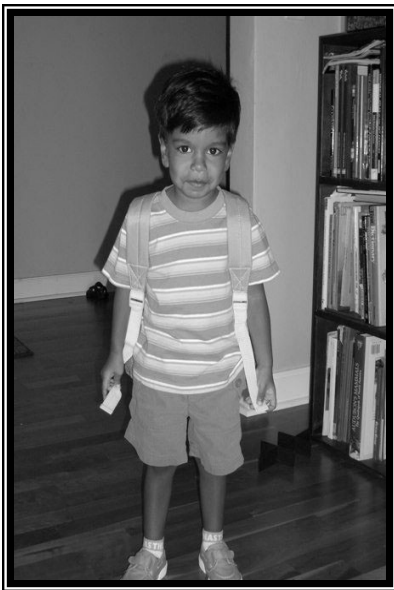
## JURISDICTIONAL RANKING



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
<b>Kindergarten Assessment</b> (AY 2009-2010, Composite Score – Full Readiness)	78%

# CHILDREN ENTER SCHOOL READY TO LEARN

## INDICATORS



### CHILDREN ENTER SCHOOL READY TO LEARN INDICATOR

**KINDERGARTEN ASSESSMENT:** The percent of kindergarten students who have reached one of three levels of readiness on the Work Sampling System Kindergarten Assessment: full readiness, approaching readiness, or developing readiness.

## KINDERGARTEN ASSESSMENT

### Indicator

Percent of kindergarten students who have reached one of three levels of readiness on the Maryland Model for School Readiness (MMSR) Kindergarten Assessment: full readiness, approaching readiness, or developing readiness.

### Definition

The three levels of readiness are based upon teacher ratings in the following seven domains: social and personal, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development. Full readiness is defined as consistently demonstrating skills, behaviors, and abilities that are needed to successfully meet kindergarten expectations. Approaching readiness indicates that a student is inconsistently meeting those goals and requires targeted instructional support. Students who are developing readiness do not successfully meet kindergarten readiness goals and require considerable support.

### Significance

Recent neurological research strongly supports the belief that early learning experience prior to formal education is an essential foundation for later school success. Research on how young children learn encourages the assumption that improvement in school readiness will positively impact school performance, as measured by the results of future assessments administered statewide to Maryland students.

### Baseline Data

**KINDERGARTEN ASSESSMENT** (reported by academic year)

Percent of students entering kindergarten demonstrating school readiness- By Academic Year, Maryland															
Academic Year	Full Readiness					Approaching Readiness					Developing Readiness				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Composite	60	67	68	73	78	34	28	28	24	19	6	5	4	3	3
Social & Personal	63	68	68	71	75	30	26	27	24	21	7	6	5	5	4
Language & Literacy	50	56	58	62	67	40	35	35	32	27	10	9	8	6	6
Mathematical Thinking	56	63	63	67	72	35	30	30	28	23	9	8	7	6	5
Scientific Thinking	38	45	47	54	63	52	47	45	40	32	11	8	7	6	5
Social Studies	46	54	57	63	69	45	39	38	32	27	8	7	6	5	4
The Arts	64	70	71	75	79	32	27	26	22	18	4	3	3	2	2
Physical Development	74	78	79	82	85	23	19	19	16	14	3	2	2	2	2

### 2009 Data Source

Maryland State Department of Education School Readiness Information

[http://www.marylandpublicschools.org/MSDE/newsroom/publications/school\\_readiness.htm](http://www.marylandpublicschools.org/MSDE/newsroom/publications/school_readiness.htm)

### Considerations

The MMSR Kindergarten Assessment is administered by local public schools. Data are collected by the Maryland State Department of Education (MSDE) and are available by jurisdiction. The MMSR Kindergarten Assessment uses a customized version of the Work Sampling System™ which is a registered trademark of Pearson Assessments, Inc.

## Related Measures

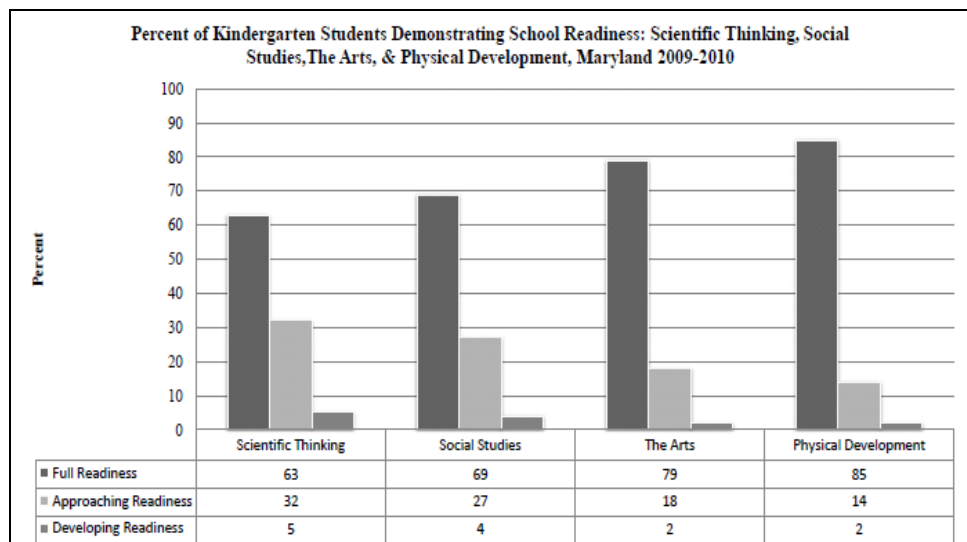
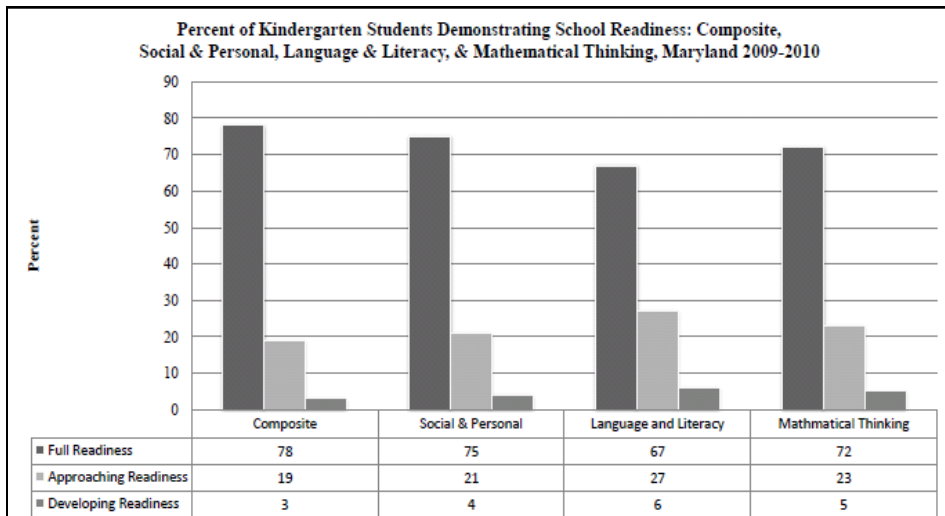
Kindergarten and future level grades are related to children's readiness for school and progress made in achieving basic social and learning skills.

## Story Behind the Data

As of the 2008-2009 school year, school readiness among all kindergartners in Maryland has been assessed for eight years. In 2008-2009, 73% of kindergarten students in Maryland were evaluated by their teachers as "fully ready," a notable increase (5%) from the previous school year and an even more significant 18% increase since the 2003-2004 school year.

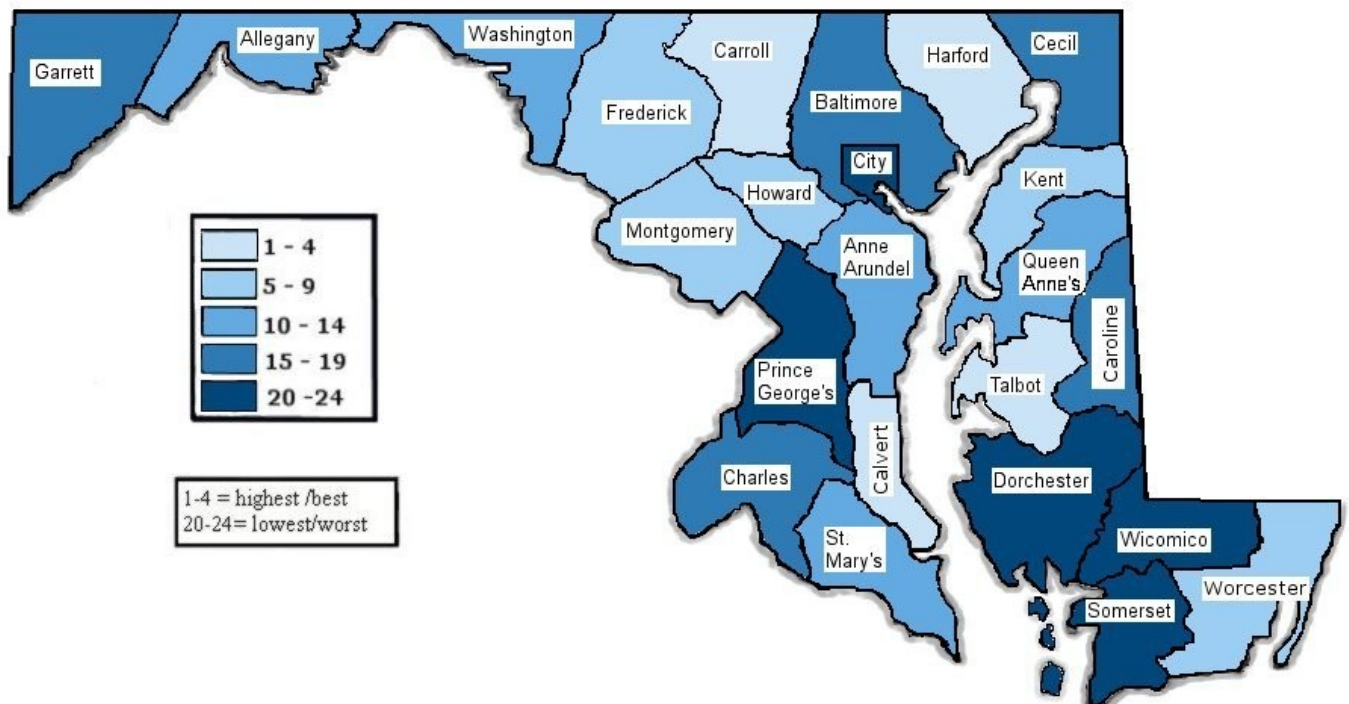
Kindergartners demonstrated the strongest readiness in the areas of Physical Development (92%), Social Studies (75%), and Social & Personal Development (78%). Also, statewide and jurisdictional data showed improvements in Language & Literacy and Mathematical Thinking between the 2007-2008 and the 2008-2009 school year.

There is a statewide interagency Early Care and Education Committee that grew out of the Maryland Leadership in Action program, which used results accountability to develop an Action Agenda around this result. MSDE focuses considerable attention on improving this result and many other organizations, agencies, and community members have worked to improve the percentage of children who are entering school ready to learn.



# CHILDREN SUCCESSFUL IN SCHOOL

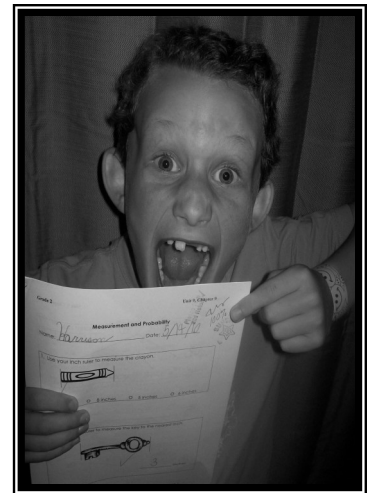
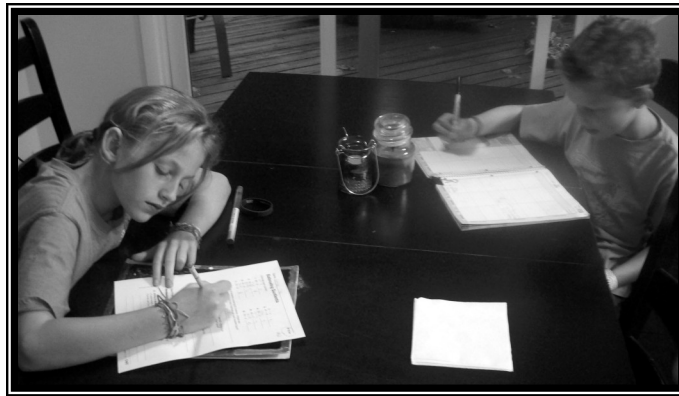
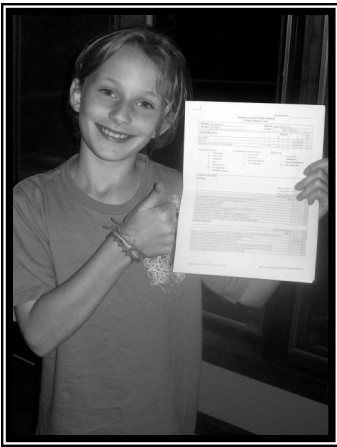
## JURISDICTIONAL RANKING



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
<b>Absence From School</b> (AY 2008-2009, percent of public school students)	11.3%
<b>Academic Performance</b> (AY 2007-2008, percent of 3 <sup>rd</sup> , 5 <sup>th</sup> , & 8 <sup>th</sup> graders scoring Proficient or Advanced on Math and Reading MSA)	(see page 44)
<b>Demonstrated Proficient Skills</b> (AY 2006-2007, percent of public school students passing the High School Assessments - Algebra, Biology, English 2, & Government)	(see page 46)

# CHILDREN SUCCESSFUL IN SCHOOL

## INDICATORS



### CHILDREN SUCCESSFUL IN SCHOOL INDICATORS



**ABSENCE FROM SCHOOL:** The percent of students in all grades who are absent more than 20 days annually from school.

**ACADEMIC PERFORMANCE:** The percent of public school students in grades 3 to 8 performing at basic, proficient, or advanced levels in reading and mathematics on the Maryland State Assessment (MSA). Students in grades 3 to 8 take the MSA in reading and math.

**DEMONSTRATED PROFICIENT SKILLS:** The percent of public school students in grades 9 through 12 performing at the passing level in four core subjects: algebra, biology, English, and government.



## ABSENCE FROM SCHOOL

### Indicator

The percent of public school students absent more than 20 days of school annually.

### Definition

Percent of students in all grades (public schools) absent more than 20 days of the school year (excluding summer school). School attendance data is calculated as the percentage of students present in school for at least half the average school day throughout the school year. This measure is consistent with the Maryland State Department of Education (MSDE) standard that students attend 94% of school days.

### Significance

Absenteeism and truancy represent a loss of learning opportunities, and have negative long-term consequences for students and communities. High levels of school absence are associated with a higher risk of school failure, high school dropout, delinquent behavior, substance abuse, and other high-risk behaviors.

### Baseline Data

**ABSENCE FROM SCHOOL** (reported by academic year)

Percent of Public School Students Absent More than 20 Days- by Academic Year, Maryland											
1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
12.9	13.7	12.3	12.3	11.3	13.0	13.1	13.4	13.0	11.7	12.0	11.3

### 2009 Data Source

Percentages based on data from: Maryland State Department of Education, 2008 & 2009 Maryland Report Card, <http://msp.msde.state.md.us/index.aspx>.

### Considerations

The current data reporting system is structured to collect statistics for absences of more than 20 days. It is important to note that these data do not differentiate between students with “excused” versus “unexcused” absences. Included in the reasons listed by MSDE as a “lawful cause of absence” are death in the immediate family, illness of the student, hazardous weather conditions, observance of a religious holiday, suspension, and lack of authorized transportation, among others. The principal or vice principal should speak with the student’s parents or guardian to determine whether an absence is lawful or unlawful. Local school systems maintain detailed data on reasons for absences.

Additionally, this measure does not include students enrolled for fewer than 91 days during the school year.

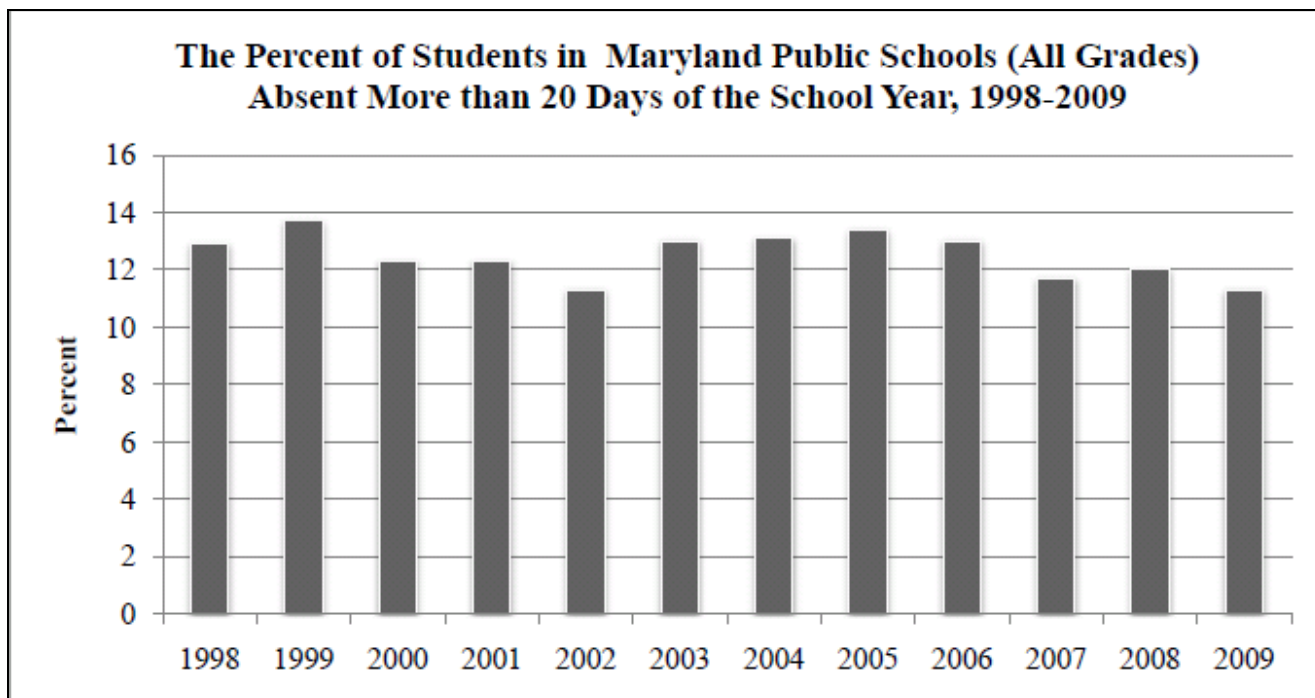
### Story Behind the Data

Maryland educators appreciate the significant role parents play in their children’s education. Absentee rates from school are one measure of parent-school collaboration. Between 1998 and 2009, the percentage of students absent 20 or more days decreased from 12.9% to 11.3%. During this time period, however, the rate fluctuated from a high of 13.7% in 1999 to a low of 11.3% in 2002.

The Maryland State Board of Education’s family involvement policy, adopted in October 2001, is supportive of the fact that when schools, families, and community organizations work together to support learning, children tend to do better in school, stay in school longer, and like school more. This comprehensive family involvement policy is committed to empowering parents to become involved in their children’s education.

## Story Behind the Data, cont

In addition to efforts by MSDE and local school systems, prevention plans are being created and implemented at the State and local levels as part of Maryland's Three Year Children's Plan (FY07-09). Many of these prevention plans address truancy and related issues in an effort to support positive youth development.



## ACADEMIC PERFORMANCE

### Indicator

The percent of public school students in 3rd to 8th grades scoring At/Above proficient on the Maryland School Assessment (MSA).

### Definition

The percent of public school students in 3rd to 8th grades performing At/Above proficient levels in reading and mathematics on the MSA.

### Significance

The MSA requires students in 3rd to 8th grades to demonstrate their knowledge of reading and math. The test score indicates a student's proficiency level in reading and math as specified by the Maryland Content Standards. Each child receives a score in each content area that categorizes his/her performance as basic, proficient, or advanced. These data provide parents, caregivers, teachers, and school administrators with objective information on each student's academic progress.

### Baseline Data

#### 3<sup>rd</sup> to 8<sup>th</sup> GRADE MARYLAND SCHOOL ASSESSMENTS

Percent of students scoring at basic, proficient or advanced levels (reported by academic year)

Percent of Public School Students Scoring Basic, Proficient, or Advanced on the Maryland School Assessment- Academic Year 2007-2008, Maryland						
	Reading			Mathematics		
	Basic	Proficient	Advanced	Basic	Proficient	Advanced
3 <sup>rd</sup> Grade	17.0	66.1	16.9	17.4	55.9	26.7
4 <sup>th</sup> Grade	11.5	60.5	27.9	11.4	46.2	42.4
5 <sup>th</sup> Grade	13.3	35.7	51.0	19.5	55.1	25.4
6 <sup>th</sup> Grade	18.2	38.8	42.9	24.2	44.0	31.8
7 <sup>th</sup> Grade	18.8	38.3	42.9	31.8	46.5	21.7
8 <sup>th</sup> Grade	27.2	38.7	34.1	38.1	32.8	29.0
Percent of Public School Students Scoring Basic, Proficient, or Advanced on the Maryland School Assessment- Academic Year 2008-2009, Maryland						
	Reading			Mathematics		
	Basic	Proficient	Advanced	Basic	Proficient	Advanced
3 <sup>rd</sup> Grade	15.1	63.0	21.9	15.7	55.5	28.8
4 <sup>th</sup> Grade	13.4	59.9	26.8	10.8	44.3	44.9
5 <sup>th</sup> Grade	10.5	29.9	49.6	18.8	56.1	25.1
6 <sup>th</sup> Grade	16.6	43.3	40.2	24.0	47.0	29.0
7 <sup>th</sup> Grade	18.3	38.1	43.7	28.0	49.0	23.0
8 <sup>th</sup> Grade	19.8	43.3	36.9	34.2	37.1	28.6

### 2009 Data Source

MSDE, Maryland State Report Card <http://www.mdreportcard.org/>

### Considerations

The MSA was established in 2002 to meet the requirements of the federal No Child Left Behind Act. Students with severe cognitive disabilities who are pursuing an alternate course of study based on their Individualized Education Program (IEP) take the Alt-MSA, Maryland's alternate assessment.

## Related Measures

Results for the Alt-MSA are also published in the 2007 Maryland Report Card, which can be found at the link <http://msp.msde.state.md.us/index.aspx>.

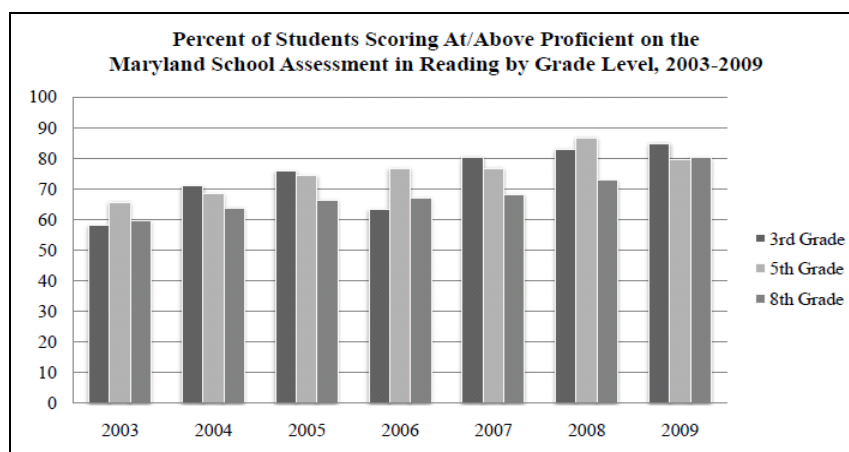
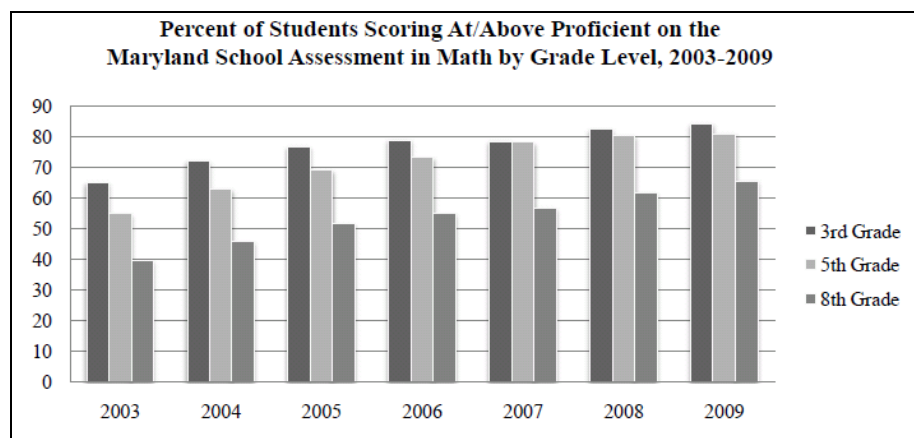
## Story Behind the Data

The federal No Child Left Behind Act (NCLB) requires Maryland to monitor school progress, report the results to parents, and take action when schools are not making Adequate Yearly Progress (AYP). Each year, schools must meet performance goals in the category of All Students and in each student subgroup category in order to make AYP. There are a total of eight subgroups: five racial groups, students receiving special education services, students with limited English proficiency, and students receiving Free and Reduced-Price Meals. The performance goals for schools, known as the Annual Measurable Objective (AMO), will increase each year until 2014. At that time, the goal will be for 100% of students to demonstrate proficiency (or higher) in reading and math.

Achievement information for schools, school systems, and the state is published in the annual Maryland Report Card ([www.mdreportcard.org](http://www.mdreportcard.org)). This report provides AYP charts for each public school and local school system and show the school/system's progress on each NCLB performance goals.

In order to achieve AYP, a school must meet all its performance goals. A school that does not make AYP goals in the same subject for two consecutive years will be identified for State School Improvement, which is an opportunity for the school to work on improving the performance of one or more subgroups of students.

When the Proficient Level in Math at each grade level is compared from 2007 to 2009, the improvements are: 1.7% for grade 3, 1.5% for grade 5 and 5.4% for grade 8.



## DEMONSTRATED PROFICIENT SKILLS

### Indicator

The percent of high school students proficient on each of the four Maryland High School Assessments (HSA).

### Definition

The percent of public school students in grades 9 through 12 performing at the passing all four core subjects as measured by the Maryland High School Assessment (HSA): Algebra, Biology, English 2, and Government.

### Significance

The achievement of minimum academic standards affects graduation, adult achievement, future academic pursuits, and life skills.

### Baseline Data

**HIGH SCHOOL ASSESSMENTS** – Percent of public school students scoring at the passing level for each of the four assessments (reported by academic year).

Percentage of Public School Students Passing Each Maryland High School Assessment- by Academic Year, Maryland				
Subject Area	AY2006	AY2007	AY2008	AY2009
English	60.1	70.9	84.4	83.5
Biology	67.7	70.3	84.6	82.7
Government	74.2	73.5	91.9	**
Algebra	66.6	63.5	87.3	85.1
**Data unavailable				

Percentage of Public School Students Passing Each Maryland High School Assessment- by Grade Level in Academic Year 2009, Maryland				
Grade	Algebra	Biology	English	Government
10 <sup>th</sup>	84.4	82.3	76.9	85.3
11 <sup>th</sup>	87.3	84.1	81.9	90.7
12 <sup>th</sup>	88.8	85.5	86.6	93.2

### 2009 Data Source

MSDE, Maryland State Report Card <http://www.mdreportcard.org/>

### Considerations

Students take each test at the completion of the corresponding course, therefore students may take these exams during any high school grade. The English 2 HSA replaced the English 1 HSA in Academic Year 2005.

### Related Measures

As these assessments are required for graduation, high school graduation rates are a related measure. Data on high school graduation can be found at [www.mdreportcard.org](http://www.mdreportcard.org).

### Story Behind the Data

In 2004, the State Board of Education ruled that, beginning with the class of 2009, public school students must pass the High School Assessments (HSA) to graduate.

## Story Behind the Data, cont

There are two ways to pass the HSA to graduate:

- 1) Pass all four HSA tests with the scores listed below; or
- 2) Earn a combined score of at least 1602 on all four HSAs. This combined-score option allows students to offset lower performance on one test with higher performance on another.

For each HSA subject area, the range of possible scores is 240 - 650. The passing scores for each assessment are:

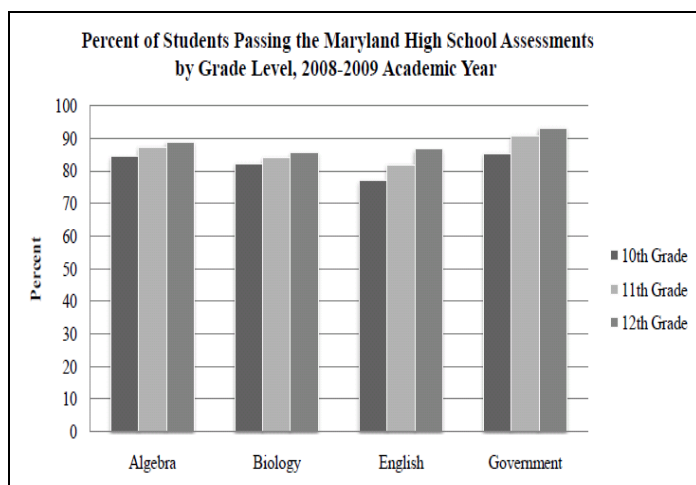
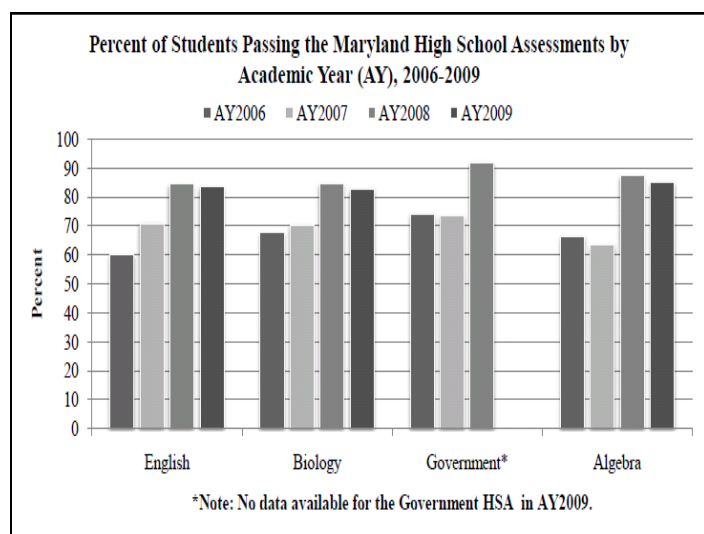
HSA Test	Passing Score
Algebra/Data Analysis	412
Biology	400
English	396
Government	394

Each assessment test contains both multiple-choice and essay style response items and covers about 60% of a course's content. Although students may take as much as 3 1/2 hours to complete a test, most students finish sooner.

In 2009, the overall percentage of students passing the HSAs has steadily increased. Comparing the 2004 results to 2009, there has been an 30% increase in the percentage of students passing the Algebra assessment, a 23.1% increase in the Biology assessment, and a 23.8% increase in the Government assessment. The English 2 assessment has only been in use since 2005, but here has already been a 24.5% increase in the percentage of students passing this assessment.

For students who do not pass the HSA, additional instruction is available through the local school systems and students may retake the assessment multiple times. For students unable to pass the HSA after two attempts, the Bridge Plan for Academic Validation offers alternatives to the assessment (note: academic eligibility requirements must be met for this program).

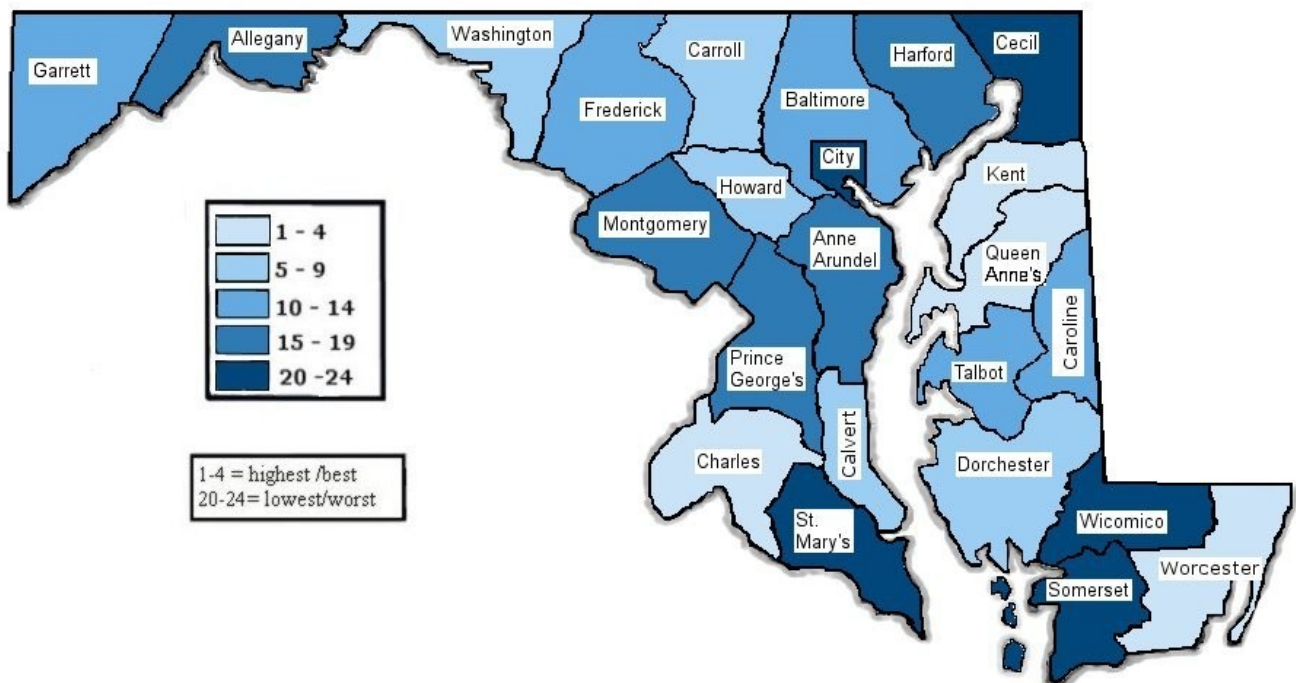
Additional information and sample tests can be viewed by going to [www.hsaexam.org](http://www.hsaexam.org) or [www.marylandpublicschools.org/msde](http://www.marylandpublicschools.org/msde) and clicking on Testing/High School Assessment.





# CHILDREN COMPLETING SCHOOL

## JURISDICTIONAL RANKING



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
<b>High School Dropouts</b> (AY 2009, percent of public school students who drop out of school)	<b>2.8%</b>
<b>High School Program Completion</b> (AY 2009, percent of public school graduates who complete post-secondary requirements)	<b>75.2%</b>
<b>Graduation/School Completion of Children with Emotional Disturbance</b> (2009, percent of students w/ ED who graduate/complete high school)	<b>51.6%</b>

# CHILDREN COMPLETING SCHOOL

## INDICATORS



### CHILDREN COMPLETING SCHOOL INDICATORS

**HIGH SCHOOL DROPOUTS:** The percent of students in grades 9 through 12 who drop out of school in a single year.



**HIGH SCHOOL PROGRAM COMPLETION:** The percent of high school graduates who complete minimum course requirements needed for career and technology programs, or requirements needed to enter the University of Maryland, or who complete both.

**HIGH SCHOOL DIPLOMA:** The percent of persons 25 years of age and over with a high school diploma or equivalent.

**GRADUATION/SCHOOL COMPLETION OF CHILDREN WITH EMOTIONAL DISABILITIES:** The percent of children with Emotional Disabilities who graduate from or complete high school.

## PERCENTAGE OF HIGH SCHOOL DROPOUTS

### Indicator

The percent of students in grades nine through twelve who drop out of school in a single year.

### Definition

The percent of public school students, grades 9-12, who withdrew from school before graduation or before completing a Maryland approved educational program during the July to June academic year and are not known to have enrolled in another high school program during the academic year. This data includes students who drop out of summer, evening, and alternative high school programs.

### Significance

Failure to complete high school is closely linked with decreased employment opportunities, low pay, and limited paths to advancement.

### Baseline Data

**DROPOUT RATE** - Percent of students (reported by academic year)

Percentage of Public High School Students who Drop out of School- by Academic year, Maryland and National											
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Maryland, Grades 9-12</b>	4.2	3.9	3.9	3.7	3.4	3.9	3.7	3.6	3.5	3.4	2.8
<b>National, Grades 9-12</b>	5.0	4.8	5.0	3.6	4.0	4.7	3.8	3.8	4.4	*	*
*2008 and 2009 National Data is unavailable											

### 2009 Data Sources

Maryland Data Source: Maryland State Department of Education, [www.mdreportcard.org](http://www.mdreportcard.org)

Maryland Data NOTE: The percentage of students grades 9-12 who withdrew from school before graduation or completing an approved educational program

1999-2006 National Data Note: The percentage of youth ages 15-24 that dropped out of grades 10-12 between one October to the next. Dropping out is defined as leaving school without a high school diploma or equivalent credential such as a General Education Development (GED) certificate.

2007 National Data NOTE: Includes only graduates for whom race/ethnicity was reported. Race categories exclude persons of Hispanic ethnicity. Event dropout rates measure the percentage of public school students in grades 9 through 12 who dropped out of school between one October and the next. DoD = Department of Defense.

2007 National Data SOURCE: U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2006-07 and 2007-08, and "NCES Common Core of Data State Dropout and Completion Data File," 2006-07; and unpublished tabulations. (This table was prepared November 2009.) [http://nces.ed.gov/programs/digest/d09/tables/dt09\\_106.asp](http://nces.ed.gov/programs/digest/d09/tables/dt09_106.asp)

### Considerations

National data is based on surveys of individuals ages 15-24 who dropped out of grades 10-12. State data, however, represents the actual percentage of enrolled students who dropped out during the academic year.

## Related Measures

Local school systems have data on the various reasons students drop out of school. These reasons often include expulsion, pregnancy, and parenthood. Additionally, the US Census Bureau collects two related measures: people age 20-24 who have not completed high school and teenagers age 16-19 who are not enrolled in school and are not high school graduates.

## Story Behind the Data

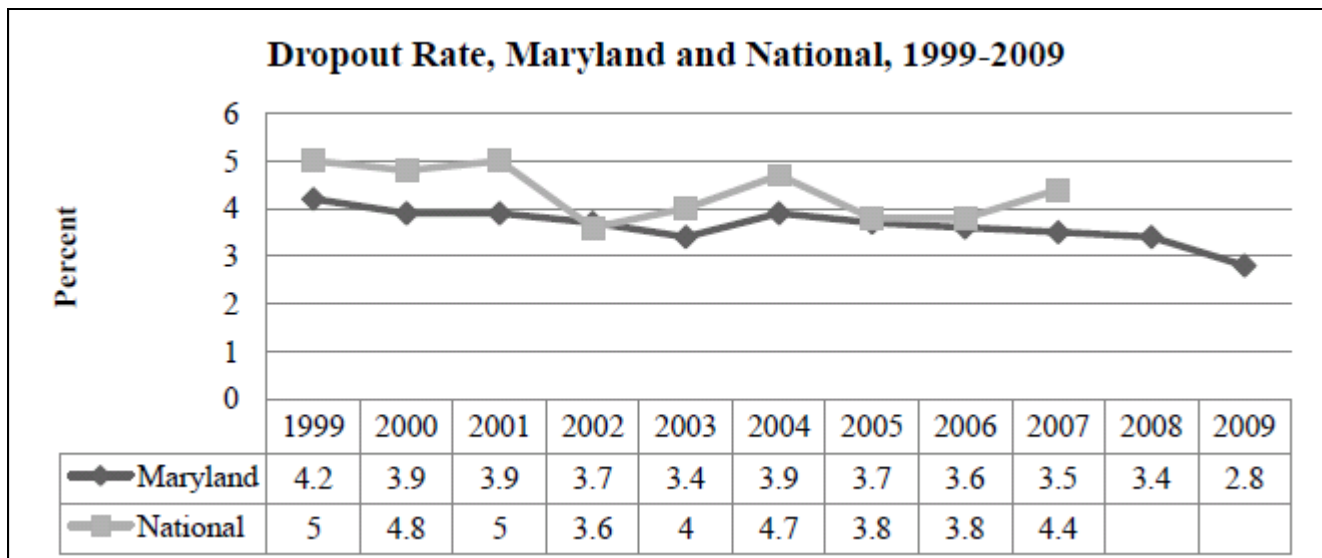
In 2007, Maryland ranked 23rd in the nation for the percent of teens, ages 16-19, who were assumed to be high school dropouts (not enrolled in high school and not high school graduates); the percentage for both Maryland and the nation was 7%. (The Annie E. Casey Foundation, Kids Count Data Center, <http://www.kidscount.org/datacenter/>)

Although Maryland's 2007 percentage of teens age 16-19 was the same as the national percentage for teens who were high school dropouts, the percentage of high school students who drop out of school has been slightly lower than the national average for the past decade. It is important to be cognizant of the different populations represented by these statistics. The previous data includes all teens ages 16-19 and those students originally enrolled in school.

The larger population of teens 16-19 includes both adolescents who have recently dropped out of school and those who have been out of school for several years. This diverse group will have a wide variety of needs and learning skills which could impact their ability to reenter high school and/or enter a GED or alternative learning program or trade program. Further data analysis would be needed to tailor services to specific target populations.

The smaller proportion of students who drop out during a specific school year, however, may be amenable to programs targeted at reentry into high school, especially when targeted at addressing the immediate causes of drop out. School systems may have the most success in reenrolling these students as opposed to students who have been out of school for a longer time period.

In 2008, the percentage of public high school students who dropped out of high school declined slightly from 3.5% in 2007 to 3.4% in 2008. This continues a general downward trend since 1998. In 2009, Maryland continues to make positive strides with school drop outs rates moving to 2.8%.



## HIGH SCHOOL PROGRAM COMPLETION

### Indicator

The percent of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland, to complete an approved Career and Technology Education program, or who completed requirements for both.

### Definition

The percentage of public high school graduates who successfully completed at least the minimum course requirements in one of the following three categories:

- ◆ Course work that would qualify them for admission to the University System of Maryland;
- ◆ An approved Career and Technology Education program; or
- ◆ Both sets of requirements.

### Significance

The completion of program requirements indicates students' potential readiness for post-secondary education and/or employment.

### Baseline Data

**HIGH SCHOOL PROGRAM COMPLETION** – Percent of graduates who complete the various post-secondary requirements (reported by academic year)

Percentage of Public High School Graduates Completing Post-Secondary Requirements- by Academic Year, Maryland			
Academic Year	University System of Maryland	Career & Technology Education Programs	Both
1999	58.3	14.3	8.7
2000	57.7	14.2	9.7
2001	57.8	14.6	10.7
2002	52.2	15.9	11.3
2003	54.1	15.3	10.8
2004	55.7	14.7	10.3
2005	57.0	13.5	12.0
2006	57.6	12.3	12.5
2007	55.7	12.7	13.2
2008	59.5	11.9	10.7
2009	55.3	10.3	9.6

### 2009 Data Sources

MSDE, Maryland State Report Card, <http://www.mdreportcard.org/downloadindex.aspx>

### Considerations

It is important to note that the minimum required course work at the passing level might not be sufficient to predict success at the college level, nor does this data predict academic/work pursuits chosen by students after graduation.

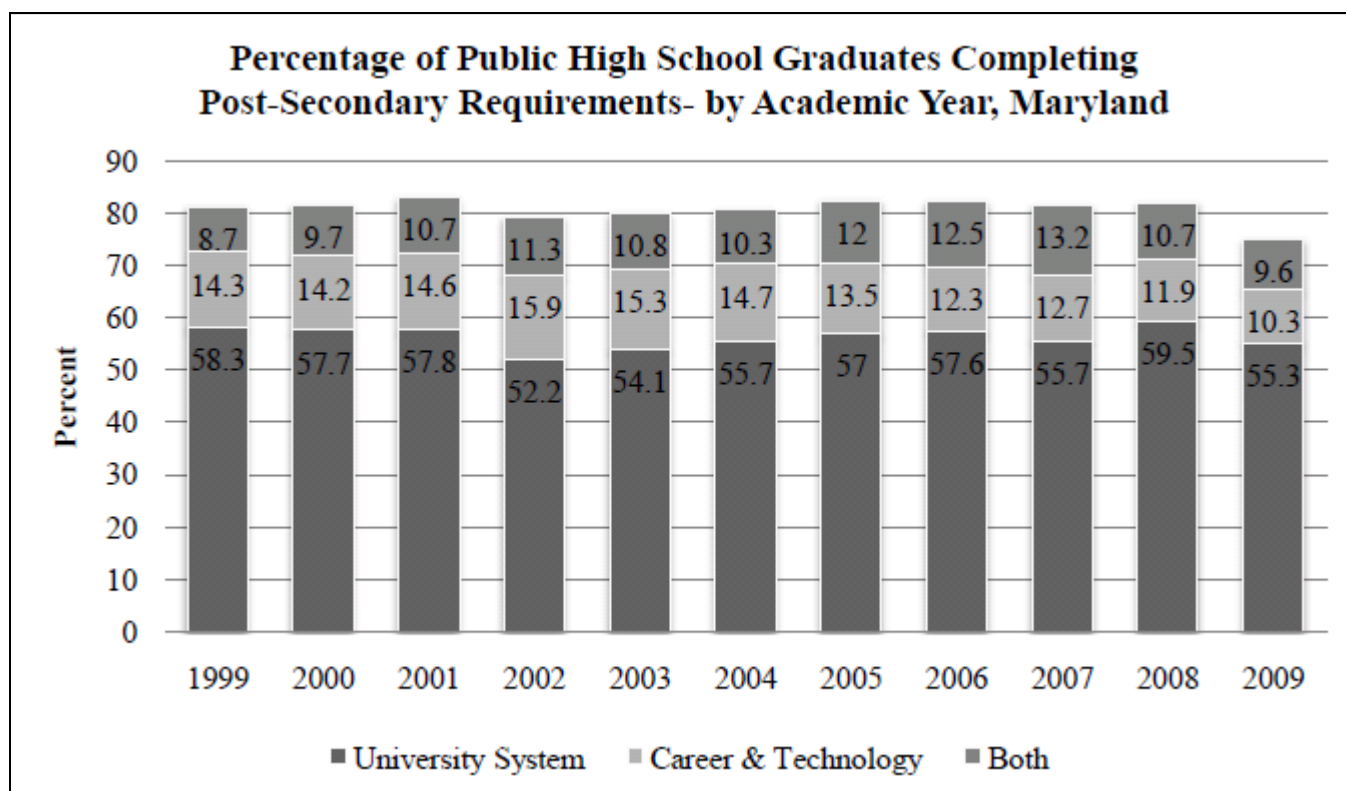
## Related Measures

Data regarding high school graduates' plans for further education, work, and military is reported by the Maryland State Department of Education ([www.mdreportcard.org](http://www.mdreportcard.org)).

## Story Behind the Data

Between 1998 and 2007, the percentage of graduates who completed the requirements for both the University System of Maryland and the Career and Technology Education program nearly doubled. In 1998, only 6.8% of graduates completed both sets of requirements as compared to 13.2% in 2007. During this same time period, the percentage of graduates completing each individual track has declined slightly, less than 2% for each track.

In 2009, however, the percent of students completing both tracks declined to 9.6%, the lowest percent since 1999. Meanwhile, the percent of students completing the University System of Maryland requirements slightly lowered to 55.3% but has remained relatively consistent since 2003. The Career and Technology Education program, however, fell to 10.3%, its lowest rate since 1999.



## HIGH SCHOOL DIPLOMA

### Indicator

The percent of persons 25 years of age and over with a high school diploma or equivalent.

### Definition

The percent of all persons 25 years of age and over residing in Maryland who have a high school diploma or equivalent.

### Significance

Completing high school is closely linked with increased employment opportunities, higher pay, and expanded paths to advancement.

### Baseline Data

**EDUCATIONAL ATTAINMENT** - Percent of persons 25 years and over with a high school diploma or equivalency (reported by calendar year)

Percent of Individuals 25 Years and Older with a High School Diploma or Equivalent- by Calendar Year, Maryland and National												
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>Maryland</b>	84.7	84.7	84.7	85.7	88.1	87.5	87.6	87.4	86.9	87.2	87.4	88.0
<b>National</b>	82.1	82.8	83.4	84.1	84.1	84.1	84.6	85.2	85.2	85.5	84.5	85.0

### 2009 Data Sources

Data from U.S. Census Bureau, American Community Survey, Table R1501: 1-Year Estimates/Percent of People 25 Years and Over, Who Have Completed High School (or equivalent) and Table S1501: 3-Year Estimates/Educational Attainment

### Considerations

2007 data is taken from a different source at the US Census than previous data. The 95% Confidence Interval for the 2007 Maryland data is  $\pm 0.3\%$ , and for the national data it is  $\pm 0.1\%$

### Related Measures

The percent of individuals 16-24 who are either in a high-school or high school equivalent educational program, or who have already earned a high school diploma or equivalent.

Percent of Individuals 25 Years and Older with a High School Diploma or Equivalent- by Calendar Year, Maryland and National												
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>Maryland</b>	84.7	84.7	84.7	85.7	88.1	87.5	87.6	87.4	86.9	87.2	87.4	88.0
<b>National</b>	82.1	82.8	83.4	84.1	84.1	84.1	84.6	85.2	85.2	85.5	84.5	85.0

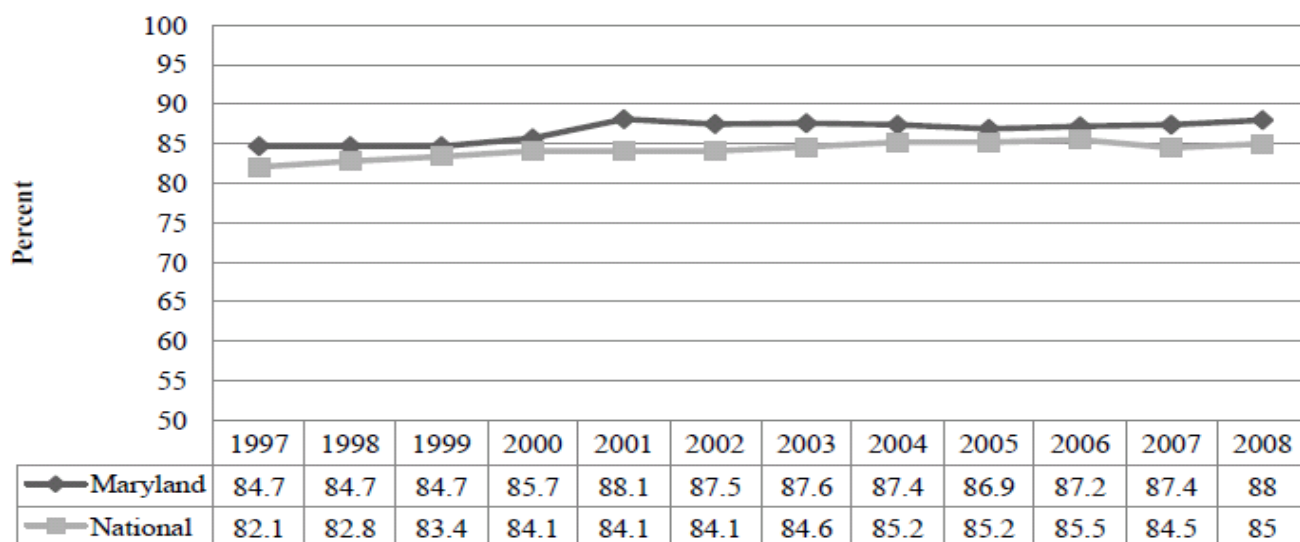


## Story Behind the Data

In Maryland and nationally, the percentage of adults 25 years old and over with a high school diploma or an equivalent credential has increased steadily. Every year from 1997 to 2007, Maryland has exceeded the national percentage. From 2007 to 2008, the rate increased from 87.4% to 88% in Maryland. This measure is important because obtaining a high school diploma or its equivalent is a measure of the extent to which these adults have mastered the basic reading, writing, and math skills needed to function in the 21st century. It also represents the extent to which adults 25 years and over have completed a prerequisite for many entry-level jobs as well as higher education.

High school graduates earn substantially more than persons who leave high school without graduating. For example, in 2005, median annual earnings for male full-time, full-year wage and salary workers ages 25 and over were \$31,683 for high school graduates (or those with high school equivalency) compared to \$22,138 for those male workers who had educational attainment of less than high school completion. For women, the gap was similar. Female full-time, full-year workers ages 25 and over with a high school degree earned a median annual salary of \$20,179, compared to \$13,076 for those who had attained less than high school completion (2005 American Community Survey).

**Percent of Persons 25 Years Old and Over with a High School Diploma or Equivalent, Maryland and National, 1997-2008**



## GRADUATION/SCHOOL COMPLETION

### Indicator

Percent of children with Emotional Disabilities (ED) who graduate from or complete high school. Prior to the passage of IDEA (Individuals with Disabilities Education Act), ED was referred to as Serious Emotional Disturbance (SED).

### Definition

Percent of children with ED who exit special education by graduating or completing school. The denominator does not include those students with ED who exited the program to return to general education or to transfer to another program. The denominator does include those students who reached maximum age, dropped out, were expelled (1994-1997), or exited with a diploma or certificate.

### Significance

High school graduation/completion is an indicator of adequate functioning for children with mental illness. The National Mental Health Association found that children with Emotional Disabilities have the highest school dropout rate of any group of children with disabilities (The National Mental Health Association, 1993). More recent research has found that “over half the adolescents in the United States who fail to complete their secondary education have a diagnosable psychiatric disorder. The proportion of failure to complete school that is attributable to psychiatric disorder is estimated to be 46% (Stoep, Weiss, Kuo, Cheney & Cohen, 2003, abstract).

### Baseline Data

**GRADUATION/COMPLETION RATE** - Exit data: percent of students with disabilities diagnosed with emotional disturbance (reported by calendar year).

Percent of Students with Emotional Disabilities- by Fiscal Year July 1 <sup>st</sup> through June 30th, Maryland and National												
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Maryland</b>	54.4	61.2	61.4	55.3	57.8	56.8	54.9	54.1	50.7	50.0	56.4	51.6
<b>National</b>	46.5	49.1	48.4	47.2	53.4	54.5	58.1	51.6	53.4	55.4	*	*
*National Data unavailable												

### 2009 Data Sources

2008 & 2009 Maryland Data: Unpublished data provided by MSDE (State totals include students in agency placements (non-jurisdictional)). The formula used for the Percent of Students w/ ED Graduating or Completing School\* is: (Diploma + Certificate + Aged Out)/ (Diploma + Certificate + Aged Out + Dropped Out). Calculations completed by GOC and MSDE.

2007 National Data: Table 4-1 Students ages 14-21 with disabilities served under IDEA, Part B, who exited school, by disability category, exit reason and state: Fall 2006-07, <https://www.ideadata.org/PartBdata.asp> .

### Considerations

Several factors must be considered regarding school identification of children with ED: differing diagnostic procedures and populations across counties affect identification and other characteristics of the population and available resources also affect enrollment in special education and school completion. The reporting of the national data has changed slightly, beginning with the 2003 data, which may create some discrepancies with historical data.

## Related Measures

In selecting this Indicator, consideration was also given to the number of children receiving mental health services. These data are limited in availability. Further, it was recognized that it would be difficult to determine whether an increase in this number would be considered positive or negative in terms of children's outcomes.

## Story Behind the Data

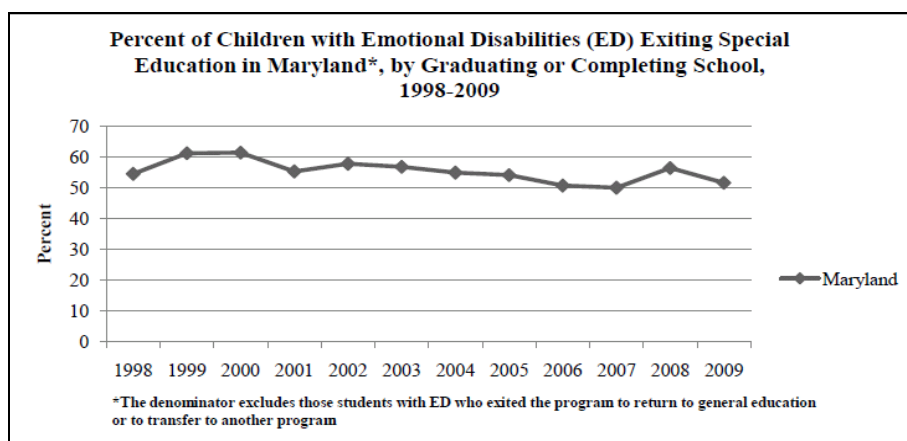
The percentage of students with Emotional Disabilities who graduated/completed high school has been declining since 2003 and declined by 3.4 percentage points in 2007. The percent declined from 56.4% in 2007 to 51.6% in 2008. The numbers have fluctuated substantially over the years, likely in part due to the overall low number of youth with Emotional Disabilities reported to be exiting high school.

In an effort to increase the graduation rate for students with ED and to enhance the quality of life for students and their families, MSDE has taken a number of steps to provide comprehensive support to families, school systems, and communities.

These steps include assisting local schools in the education of children and youth with ED, fostering better interagency collaboration, providing technical assistance to local school systems and state-operated programs to assure appropriate and necessary staffing for educational services, and convening a Steering Committee to identify critical issues and make recommendations for meeting the unique needs of students with emotional disabilities.

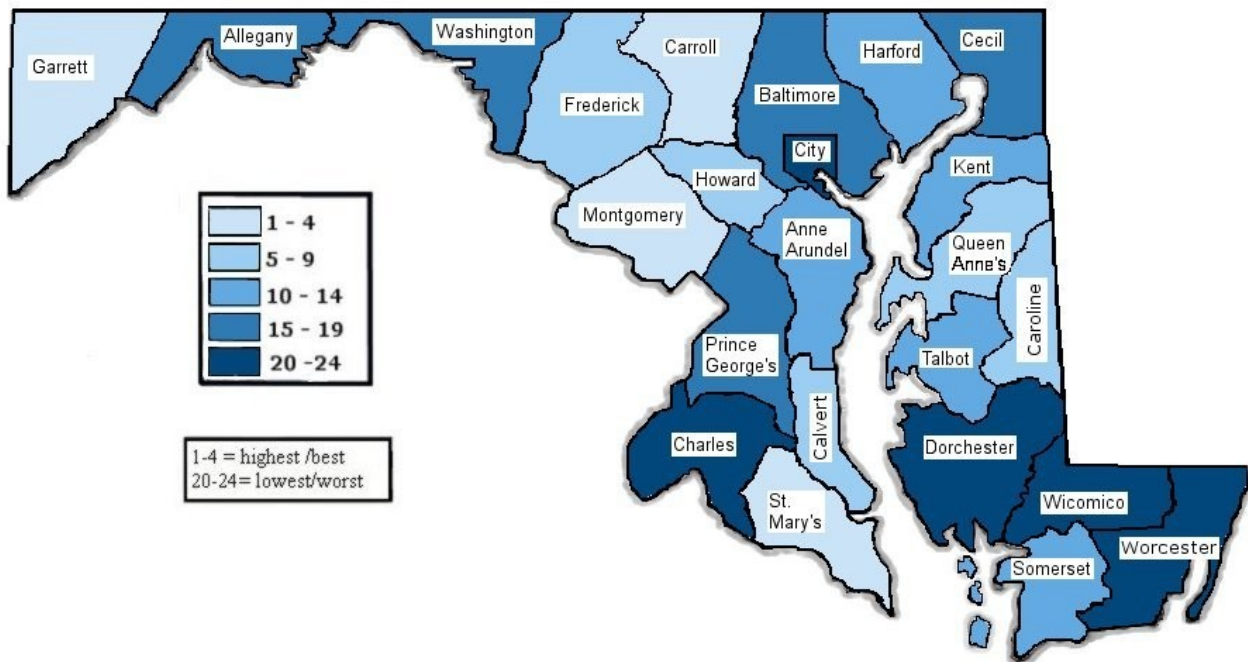
Many of Maryland's schools have adopted a systems approach to enhancing the capacity of schools to sustain the use of effective practices for all students through the use of Positive Behavioral Interventions and Supports (PBIS). This approach assists schools in moving toward school-wide behavior systems that address the entire school and student population, including individual students with challenging behaviors. Since 1999, 741 schools have received initial training in the implementation of school-wide PBIS, which represents over 55% of the public schools in the State. PBIS is viewed as a complement to individual behavioral plans for those children and youth with more intensive needs (National Technical Assistance Center on Positive Behavioral Interventions and Supports, n.d.). Maryland has the third highest number of schools trained in universal school-wide PBIS in the country and is considered a national model for State implementation.

Additionally, the Maryland School Mental Health Alliance has been formed, representing partners from the State, universities, families, and providers. The Alliance will, in part, be assisting in better integrating mental health systems into the PBIS structure for students with more intensive mental health needs. The Alliance will also assist in creating tools and resources for students and families with mental health and behavioral concerns. Additional supports for children with Emotional Disabilities include mental health counselors, psychologists, and pupil personnel workers. More information can be obtained at [www.marylandpublicschools.org](http://www.marylandpublicschools.org).



# CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

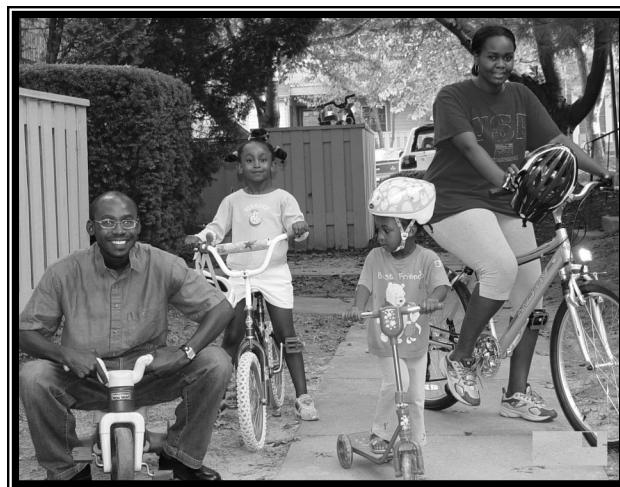
## JURISDICTIONAL RANKING



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
<b>Abuse or Neglect</b> (FY 2009, rate of CPS investigations rules Indicated or Unsubstantiated, per 1,000 children under 18)	<b>9.4</b>
<b>Deaths Due to Injuries</b> (CY 2007, rate per 100,000, children ages 0-19)	<b>Accident - 10.7 Homicide - 6.6 Suicide - 1.9</b>
<b>Juvenile Arrests</b> (CY 2009, rate of arrests, per 100,000 youth ages 10-17)	<b>Violent Offense - 591 Serious Non-Violent Offense - 1,956</b>

# CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

## INDICATORS



### **CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES INDICATORS**

**ABUSE OR NEGLECT:** The rate of child abuse or neglect investigations ruled as indicated or unsubstantiated.

**DEATHS DUE TO INJURY:** The rate of injury-related deaths to children.

**JUVENILE VIOLENT OFFENSE ARRESTS:** The rate of arrests of youth ages 10-17 for violent offenses.

**JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS:** The rate of arrests of youth ages 10-17 for serious non-violent offenses.

**DOMESTIC VIOLENCE:** The rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources.

## ABUSE OR NEGLECT

### Indicator

The rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated.

### Definition

Rate (per 1,000 children under 18) of child abuse or neglect Child Protective Service (CPS) investigations ruled “indicated” (where credible evidence is not satisfactorily refuted) or “unsubstantiated” (where insufficient evidence is found to support a finding as either indicated or ruled out).

### Significance

The indicator measures the extent to which adults threaten children’s security. Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk for delinquency and mistreatment of their own children.

### Baseline Data

#### RATES OF INDICATED AND UNSUBSTANTIATED CHILD ABUSE AND NEGLECT (reported by state fiscal year)

Rate of Child Protective Services Investigations, per 1,000 children under age 18- by Fiscal Year, Maryland												
Rate per 1,000	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Indicated	6.2	6.3	6.2	5.8	5.5	5.3	4.6	4.4	3.8	N/A	4.3	4.7
Unsubstantiated	6.0	6.3	5.9	6.0	6.3	6.1	5.5	5.4	4.1	N/A	4.3	4.7
Total	12.3	12.6	12.1	11.8	11.8	11.4	10.1	9.9	7.8	N/A	8.5	9.4
*2007 data not available due to conversion to MD CHESSIE.												

### 2009 Data Sources

Data Notes: The indicated cases reflect a finding that there is credible evidence, which has not been satisfactorily refuted, that abuse did occur. The unsubstantiated cases reflect a finding where insufficient evidence is found to support a finding as either indicated or ruled out. Rates are based on <18 population estimates from the US Census as prepared by the Maryland Department of Planning.

Data Source: Department of Human Resources/Social Services Administration State Stat Report

### Considerations

It is likely that the data presented represents a conservative estimate of the true incidence of abuse and neglect in Maryland for several reasons. Unfortunately, there are always a number of cases of abuse and neglect that are unreported. Increased community awareness, protection and services for victims, and anonymity for reporters maximize the odds that an incidence of abuse or neglect will be reported, but these efforts cannot guarantee that *all* incidents of abuse and neglect are reported. Additionally, of those cases that are investigated, cases which lack sufficient evidence are determined to be “unsubstantiated.” In some of these cases, however, it is possible that abuse or neglect occurred.



## Related Measures

The table below shows the types of abuse and neglect reported for both Indicated and Unsubstantiated cases during FY 09.

<i>Findings Breakdown, FY 2009 CPS Investigations, Maryland</i>		
	Indicated	Unsubstantiated
<b>Physical Abuse</b>	1,487	2,138
<b>Sexual Abuse</b>	1,136	634
<b>Neglect</b>	3,646	3,496
<b>Mental Injury Abuse</b>	37	16
<b>Mental Injury Neglect</b>	6	10
	6,312	6,294
<i>Source: Department of Human Resources</i>		

## Story Behind the Data

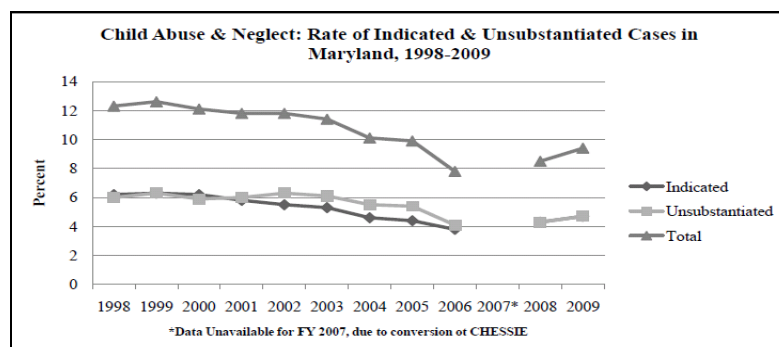
Through FY06 the rates of indicated and unsubstantiated reports have followed a downward trend. Compared to the FY06 rates, there is a slight increase in FY08 and a 9% increase in both indicated and unsubstantiated rates in FY09. It appears that the 10 year decline in child maltreatment is reversing, however, the addition of FY10 rates is needed to confirm a new upward trend of child maltreatment in Maryland. The counts of indicated and unsubstantiated findings of neglect have seen the highest increases (10% and 16%, respectively) compared to FY08 data reported in last year's report.

Child abuse and neglect can be affected by many family factors, the most common being substance abuse, mental health issues, and poverty. The increased unemployment during this national recession may be having an impact on child maltreatment, as unemployment rates have increased considerably in Maryland, from 4.4% in Calendar Year 2008, to 7.0% in 2009, to 7.7% in the first 4 months of 2010 (see <http://dllr.maryland.gov/lmi/laus/maryland.shtml>).

Effective services, therefore, must address these issues as well as the immediate safety risks to the family's children. Family-Centered Practice, currently being piloted in several jurisdictions, uses service plans based on comprehensive assessments and increases families' capacity to protect their children. Family Involvement Meetings encourage family participation in making decisions about children's placements if out-of-home placement is necessary. Overall, Maryland has reduced the number of children in foster care placement by 18% (10,331 at the end of June 2007 to 8,429 at the end of December 2009).

While the stresses of a very challenging recession may be having some impact on child maltreatment, the recurrence of maltreatment for those children within 6 months for those children who have experienced maltreatment has exceeded the national standard (lower than 5.4%) and has been holding steady over the last 4 quarters of Calendar Year 2009, at 3.6%, with a slight increase in the last quarter (3.8%).

As the unemployment rate in Maryland is beginning to decrease, additional information on child maltreatment is needed to determine whether the increase in the rate of child maltreatment continues, or begins to decrease again.





## DEATHS DUE TO INJURY

### Indicator

The rate of injury-related deaths among children.

### Definition

The number of injury-related deaths per 100,000 children age 0-19 years, in three broad injury categories: unintentional injury (accident), assault (homicide), and intentional self-harm (suicide) by jurisdiction and children's race.

### Significance

This indicator is associated with social, economic, and environmental threats to a child's life, including risk and exposure to violence, lack of access to medical resources, and mental health problems. A child death clearly represents the worst health outcome for children and families.

### Baseline Data

**NUMBER AND RATES** (per 100,000 children age 0-19 years) **OF CHILD DEATHS DUE TO INJURIES** (reported by calendar year)

Rate of Injury-Related Death Among Children, Ages 0-19 (rate per 100,000 children) - by Calendar Year, Maryland											
All Races	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006	2007
Accidents	11.0	10.8	12.1	9.7	11.7	10.7	11.3	11.1	9.3	9.9	10.7
Homicide	8.0	8.6	7.5	5.8	6.3	7.2	7.1	6.4	5.7	6.4	6.6
Suicide	1.6	1.8	2.1	2.3	2.0	2.3	1.9	1.6	2.0	1.4	1.9
African American	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006	2007
Accidents	15.5	13.2	11.4	11.4	11.6	13.0	11.4	13.0	9.2	8.9	13.0
Homicide	22.4	22.4	19.5	15.0	16.2	17.7	18.3	14.9	12.7	15.3	14.9
Suicide	1.1	1.3	2.1	2.5	1.6	1.8	0.8	0.8	2.1	1.5	1.1
White	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006	2007
Accidents	9.3	9.4	13.2	9.8	11.9	9.4	11.6	10.4	9.7	11.2	9.5
Homicide	1.0	1.9	1.5	1.6	1.2	1.8	1.6	2.1	2.0	1.8	2.4
Suicide	2.0	2.1	2.2	2.5	2.5	2.6	2.4	2.2	1.8	1.4	2.3
All other races	1997	1998	1999*	2000	2001	2002	2003	2004	2005	2006	2007
Accidents	3.1	13.5	2.8	3.5	6.1	10.8	6.6	6.4	5.3	2.5	8.4
Homicide	7.7	6.0	5.7	0.7	3.7	4.0	1.3	0.0	2.3	0.0	**
Suicide	0.0	0.0	0.0	0.7	0.0	1.3	2.6	0.0	3.9	1.2	**
<i>*In 1999 the International Classification of Diseases (ICD) were revised from version 9 to version 10. The injury events tracked for this indicator are highly comparable between the ICD 9 and 10 coding systems.</i> <i>**Rates based on fewer than six events in the numerator are subject to instability and are not presented.</i>											

### 2009 Data Source

Maryland Vital Statistics Annual Report, 2007

## Considerations

It may be desirable to compute multi-year averages, particularly for small jurisdictions and subgroups. Rates are not calculated for counts less than 6 because of unreliable and instable statistical estimates. Caution is needed when interpreting small numbers.

## Related Measures

Data of child mortality due to injury in Maryland can be found on annual reports from the Maryland State Child Fatality Review Team ([http://fha.maryland.gov/mch/cfr\\_home.cfm](http://fha.maryland.gov/mch/cfr_home.cfm)), annual Child Death Reports ([http://fha.maryland.gov/pdf/mch/cfr\\_Child\\_Death\\_Report\\_2008.pdf](http://fha.maryland.gov/pdf/mch/cfr_Child_Death_Report_2008.pdf)), and annual reports of Injuries in Maryland ([http://fha.maryland.gov/ohpetup/injury\\_reports.cfm](http://fha.maryland.gov/ohpetup/injury_reports.cfm)). Additional data can be found at the WISQARS Fatal Injuries: Mortality Reports by the Centers for Disease Control and Prevention (CDC) ([http://webappa.cdc.gov/sasweb/ncipc/mortrate10\\_sy.html](http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html)).

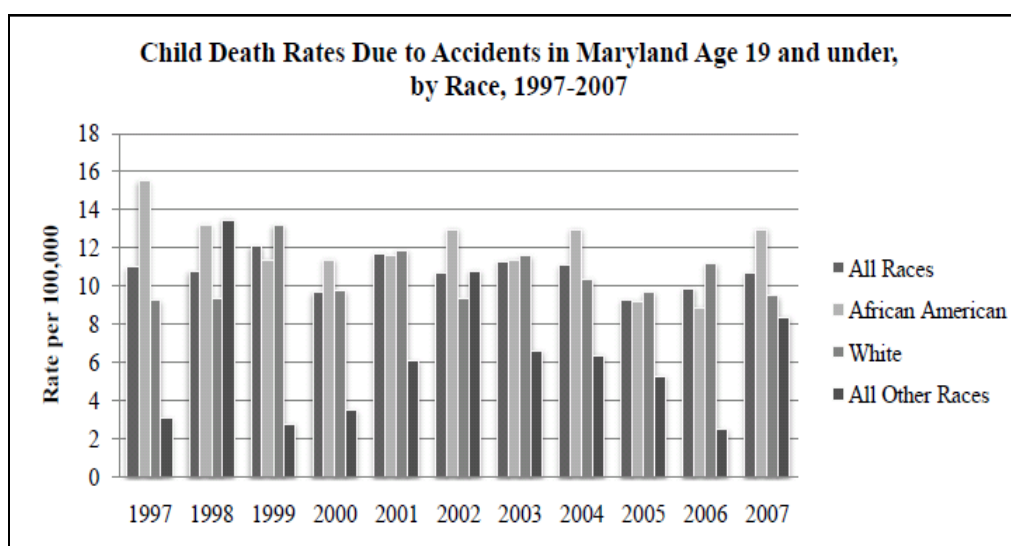
## Story Behind the Data

In 2007, unintentional injuries caused the deaths of 162 children aged 0-19 years in Maryland, followed by assault, 101 deaths, and intentional self-harm, 29 deaths. As the table shows, unintentional injuries was the highest cause of deaths due to injury, with a death rate of 10.7 per 100,000 children. However, when stratified by race, the rate of death due to homicide is seen to be higher than the rate of death due to unintentional injury among African-Americans. Additionally, African-American children were more likely to die from unintentional injury and homicide than white children.

Among jurisdictions, the highest child mortality due to unintentional injury in 2007 was observed in the Eastern Shore area, 25.6 deaths per 100,000 children, and the lowest was observed in the National Capital area, 7.2 deaths per 100,000 children. The ability to evaluate the differences across counties and across race groups was precluded by small numbers.

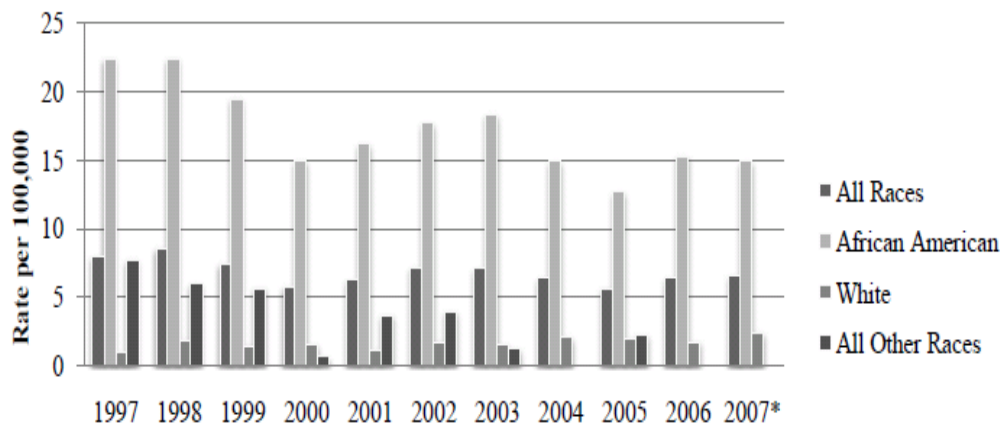
Averaged unintentional injury death rate in Maryland among children age 0-19 years in 2000-2005 was lower than the rate in the United States, averaged death rates of 10.8 per 100,000 vs. 15.0 per 100,000, respectively (*data source: page 36, The CDC Childhood Injury Report: Patterns of Unintentional Injuries Among 0-19 Year Olds in the United States, 2000-2006*).

In 2006 in Maryland, the top 3 leading causes of injury deaths among children aged 1-19 years were unintentional motor-vehicle accidents, 99 deaths, homicide using fire-arm, 65 deaths, and unintentional drowning, 20 deaths (*data source: WISQARS Leading Causes of Death Reports, 1999 - 2006* (<http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>), *accessed on February 4, 2010*).



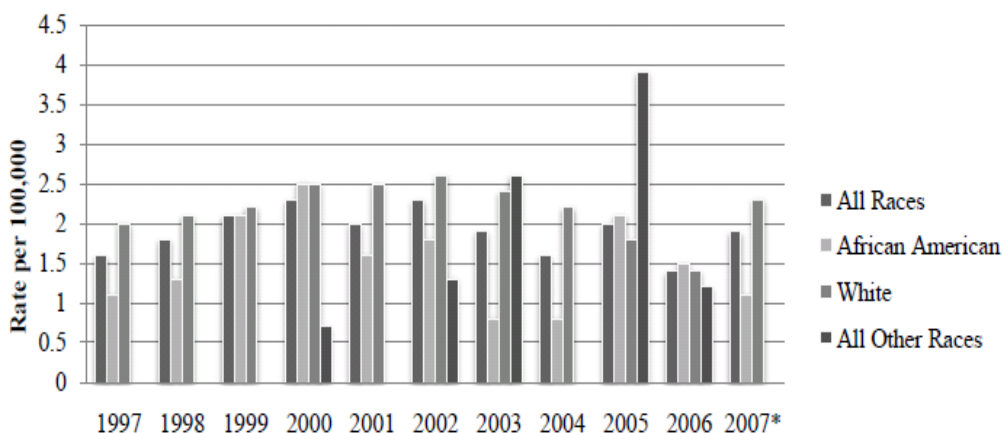
## Story Behind the Data, con't

**Child Death Rates Due to Homicide in Maryland Age 19 and under,  
by Race, 1997-2007**



\* 2007 Rates for All Other Races were based on fewer than six events in the numerator are subject to instability and are not presented

**Child Death Rates Due to Suicide in Maryland Age 19 and under,  
by Race, 1997-2007**



\* 2007 Rates for All Other Races were based on fewer than six events in the numerator are subject to instability and are not presented

## JUVENILE VIOLENT OFFENSE ARRESTS

### Indicator

The rate of arrests of youth ages 10-17 for violent offenses.

### Definition

The rate of arrests, per 100,000 youth ages 10-17, for violent criminal offenses: non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

### Significance

Involvement in violent offenses increases the risk of injury or death and continued criminal activity into adulthood. Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school and falling behind in one or more grade levels, increases the likelihood of involvement in delinquent activity.

### Baseline Data

**JUVENILE VIOLENT OFFENSE ARRESTS** - Non-negligent Manslaughter, Forcible Rape, Robbery, and Aggravated Assault (reported by calendar year)

Rate of Arrests, per 100,000 youth Ages 10-17, for Violent Offenses- by Calendar Year, Maryland											
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Age 10-14	308	300	307	305	284	274	280	280	314	282	255
Age 15-17	929	879	912	891	834	891	884	833	1,018	988	1,092
Age 10-17	535	510	524	515	482	499	504	491	589	562	591

### 2009 Data Sources

Maryland State Police, Uniform Crime Reporting Division

Source for Population Estimates: 2006-2008 ACS 3-Year Estimates Table B01001. SEX by AGE (calculated)

Notes: Statewide agencies report offense but do not identify county of residence

### Considerations

Population data to calculate the 2009 rate was based on the 2006-2008 ACS 3 Year Estimates, Table B01001. Population data used to calculate the 2008 rate was based on the Maryland Department of Planning data, while population data used in previous year's calculations was taken from the Maryland Department of Health and Mental Hygiene's *Maryland Vital Statistics Annual Report*. This may account for the decrease in juvenile arrest between 2006 and 2007.

The data used in calculating the rate of arrest may include repeated arrests of the same individual for different offenses within a given year. Additionally, this measure does not account for the number of youth adjudicated (i.e. found responsible by the court for the offense) which should be lower than the number of youth arrested as some youth arrested are later found not responsible for the alleged offense(s).

### Related Measures

Numbers and rates of youth referred to the Department of Juvenile Services (DJS) are related to juvenile arrest data, although some youth are referred to DJS from non-police sources. This data is available directly from DJS and can be found at [http://www.djs.state.md.us/pdf/2009stat\\_report-section1.pdf](http://www.djs.state.md.us/pdf/2009stat_report-section1.pdf).

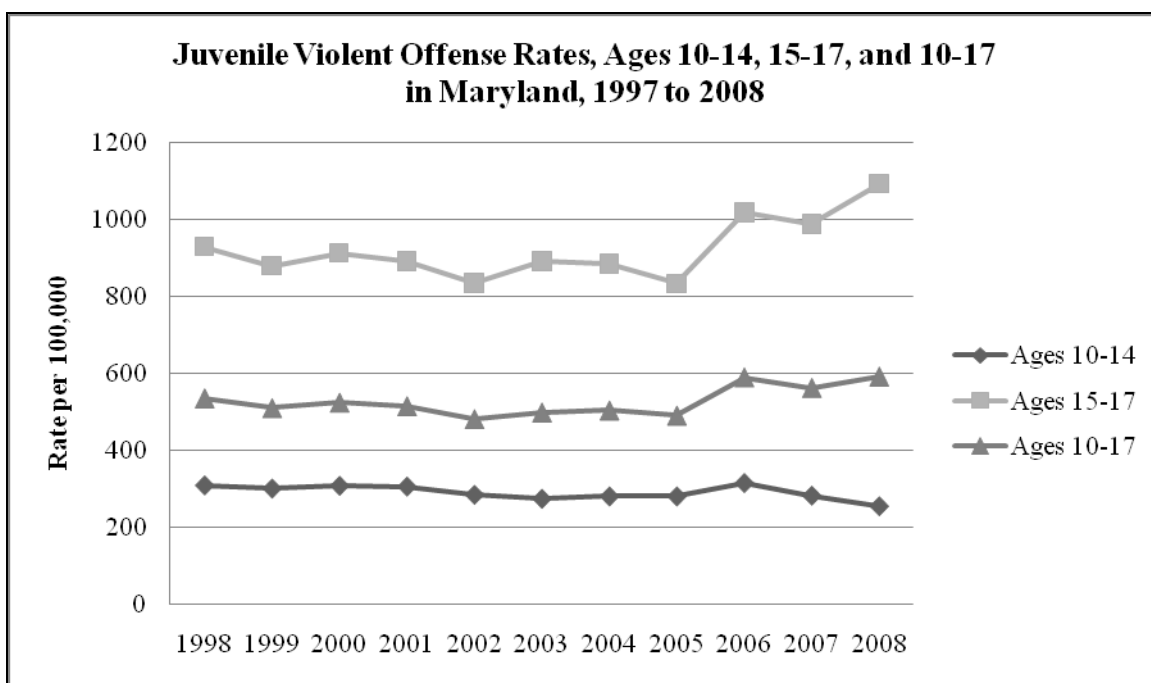
Additionally, the number of youth adjudicated, found responsible for the alleged offense, is an important correlate to juvenile arrest rates.

## Story Behind the Data

The Juvenile Violent Offense Arrest Rates for all three age groups (10-14, 15-17, and 10-17) generally decreased or remained stable between 1998 and 2005. There was an increase in 2006. In 2007 and 2008, the rate of arrest for youth ages 10-14 significantly decreased and the rate of arrest for youth ages 15-17 significantly increased. While the number of Intakes cases at DJS increased during 2006, the numbers have been steadily decreasing since 2007. Careful study of the juvenile arrest rates and related measures over the next few years will indicate whether the recent decade's slight downward trend will continue and whether it is the beginning of a trend which would warrant further analysis of data and services.

Root causes of juvenile criminal behavior include:

- ◆ Early adolescent problems
- ◆ Lack of protective factors, such as adult involvement
- ◆ Academic failure
- ◆ Increase in risk factors—community, family, social, peer, individual
- ◆ Lack of family engagement
- ◆ Gang involvement
- ◆ Severe unmet mental health and/or educational needs



## JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS

### Indicator

The rate of arrests of youth ages 10-17 for serious non-violent offenses.

### Definition

The rate of arrests, per 100,000 ages 10-17, for serious non-violent criminal offenses: breaking or entering, larceny/theft, and motor vehicle theft.

### Significance

Involvement in serious non-violent offense increases a youth's risk for further criminal activity and violence both during adolescence and as an adult. Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school and falling behind one or more grade levels, increases the likelihood of involvement in delinquent activity.

### Baseline Data

**JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS** - Breaking or Entering, Larceny/Theft, and Motor Vehicle Theft (reported by calendar year)

Rate of Arrests, per 100,000 youth Ages 10-17, for Serious Non-Violent Offenses - by Calendar Year, Maryland											
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Age 10-14	1,370	1,235	1,204	1,064	1,004	1,098	1,142	973	980	957	882
Age 15-17	3,899	3,373	3,404	3,190	3,079	3,216	3,111	3,029	3,205	3,267	3,563
Age 10-17	2,278	2,012	1,993	1,826	1,751	1,869	1,871	1,758	1,850	1,873	1,956

### 2009 Data Source

Maryland State Police, Uniform Crime Reporting Division

Source for Population Estimates: 2006-2008 ACS 3-Year Estimates Table B01001. SEX by AGE (calculated)

Notes: Statewide agencies report offense but do not identify county of residence

### Considerations

Population data to calculate the 2009 rate was based on the 2006-2008 ACS 3 Year Estimates, Table B01001. It should be noted that population data used to calculate the 2007 rate was based on the Maryland Department of Planning data while population data used in previous year's calculations was taken from the Maryland Department of Health and Mental Hygiene's *Maryland Vital Statistics Annual Report*.

The data used in calculating the rate of arrest may include repeated arrests of the same individual for different offenses within a given year.

### Related Measures

Numbers and rates of youth referred to the Department of Juvenile Services (DJS) are related to juvenile arrest data, although some youth are referred to DJS from non-police sources. This data is available directly from DJS and can be found at [http://www.djs.state.md.us/pdf/2009stat\\_report-section1.pdf](http://www.djs.state.md.us/pdf/2009stat_report-section1.pdf).

Additionally, the number of youth adjudicated, found responsible for the alleged offense, is an important correlate to juvenile arrest rates.

## Story Behind the Data

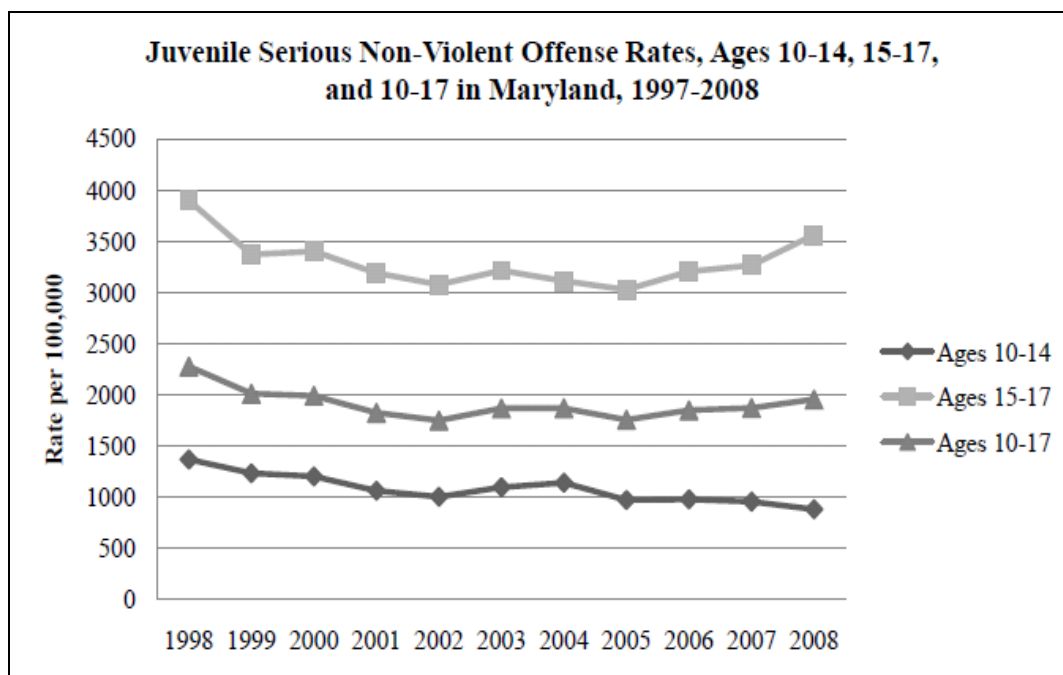
As with the Juvenile Violent Offense Arrest Rates, the Juvenile Non-Violent Offense Rate declined between 1998 and 2005. There was a slight increase in the Non-Violent Offense Arrest Rates in 2006, but these increases were less significant than seen in the Violent Offense Arrest Rates. Although the 2007 rates increased for ages 15-17 and decreased for 10-14, both changes were relatively slight. In 2008, the rates for ages 10-14 significantly decreased while the rates for 15-17 increased.

Causes of non-violent juvenile criminal behavior are often the same as the causes of violent juvenile criminal behavior and include:

- ◆ Early adolescent problems
- ◆ Lack of protective factors, such as adult involvement
- ◆ Academic failure
- ◆ Increase in risk factors—community, family, social, peer, individual
- ◆ Lack of family engagement
- ◆ Gang involvement
- ◆ Severe unmet mental health and/or educational needs

While the distinction between violent and non-violent crime is an important one in the legal system, a more important distinction in treating juvenile offenders is *their risk of re-offending* which may be high for a youth who committed a non-violent crime but low for a youth who committed a violent offense. This determination can only be made through a thorough assessment of the youth's criminal history as well as social, economic, educational, physical, family, substance abuse, psychological, and other needs and strengths.

Assessing these criminogenic factors and risk of reoffending, tracking data on the needs of youth, increasing family engagement, and utilizing results-based and evidence-based programs are key components of Maryland's strategy to work with juveniles with both violent and non-violent arrests and adjudications.





## DOMESTIC VIOLENCE

### Indicator

Rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR).

### Definition

The rate of victims (adults and minor children) receiving domestic violence services through community-based programs funded by the DHR, per 100,000 households (estimated) in Maryland.

### Significance

Domestic violence harms children by depriving them of a safe and stable home environment. Domestic violence between parents/caregivers increases the risk of abuse and neglect to children, and even children who experience no direct violence are greatly affected by witnessing such violence. Children who grow up in such environments exhibit a higher incidence of social, emotional, and behavioral problems than other children, and are at greater risk than other children for delinquency and mistreatment of their own children.

### Baseline Data

**DOMESTIC VIOLENCE** (reported by state fiscal year)

Rate of Victims receiving Domestic Violence Services, per 100,000 households*- by Fiscal Year, Maryland										
1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
342	312	499	490	556	605	680	694	655	531	536.2
*Rate based on estimated number of households in Maryland										

### 2009 Data Sources

Data Sources - # Served: 23,123 new victims DHR (data request) - Office of Grants Management

Data Sources - # of Households: US Census Bureau American Community Survey/ American Fact Finder 2008 1 Year Estimates

Note: This data issued by the Maryland Department of Planning, taken from MDP at [http://www.mdp.state.md.us/msdc/American\\_Community\\_Survey/2008ACS.shtml](http://www.mdp.state.md.us/msdc/American_Community_Survey/2008ACS.shtml)

Rate calculated by GOC.

### Considerations

Data from the US Census Bureau regarding the number of households in Maryland is used by the Maryland Department of Planning and is consistent with data used in previous editions of this report. Data provided by the Office of Grants Management regarding individuals receiving domestic violence services includes both new and ongoing clients in FY 2007.

Data presented reflects only the number of individuals receiving domestic violence services funded by DHR. This data does not include those receiving services from privately funded organizations or those who do not seek services. Conversely, this data may not account for clients who utilize domestic violence services from multiple community-based providers. The data may therefore include some duplicate entries.

Additionally, this data does not reflect the number of domestic violence incidents reported to the police.

## Related Measures

Additional data on domestic violence can be obtained from the Maryland Judiciary website, which publishes aggregate data on protective orders issued by the District Court and Circuit Court ([www.mdcourts.gov](http://www.mdcourts.gov)). Domestic violence data are closely linked with child physical and sexual abuse data as well.

## Story Behind the Data

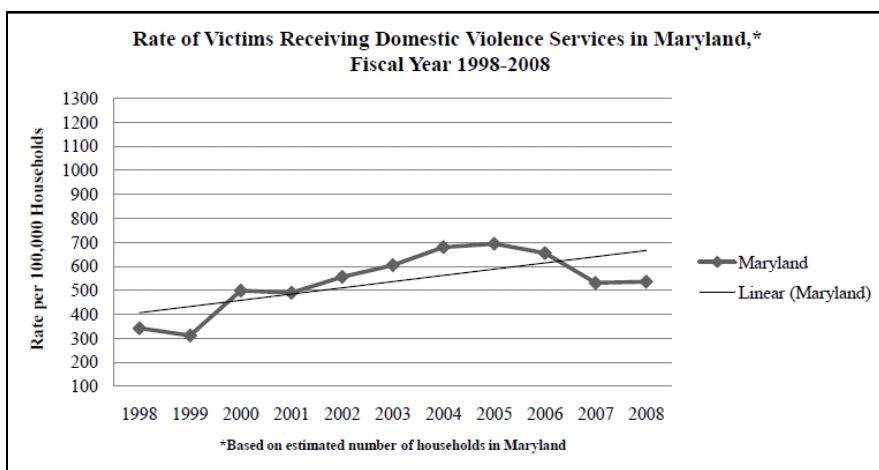
The rate of victims receiving domestic violence services grew from FY00 to FY05 by 39.1%, 499 in FY00 to 694 in FY05. FY 06 marks the first year of a decline since FY01. Again, though, as stated in the Considerations section, this Indicator measures the rate of victims per 100,000 estimated Maryland households who utilized domestic violence services funded by the Department of Human Resources. Caution must be taken, therefore, when interpreting this data. In FY08, 11,222 new victims of domestic violence were served through DHR funding which is an increase from 11,090 in FY07. In FY 2009, the number served reflects new victims served with all funding sources domestic violence service providers receive in addition to funding from DHR. The data include victims who are women, children, men, and youth intimate partners (a new category for which data is being collected at the request of the Family Violence Prevention and Services Act, the federal funding source to DHR for the Domestic Violence Program).

Root causes of domestic violence include:

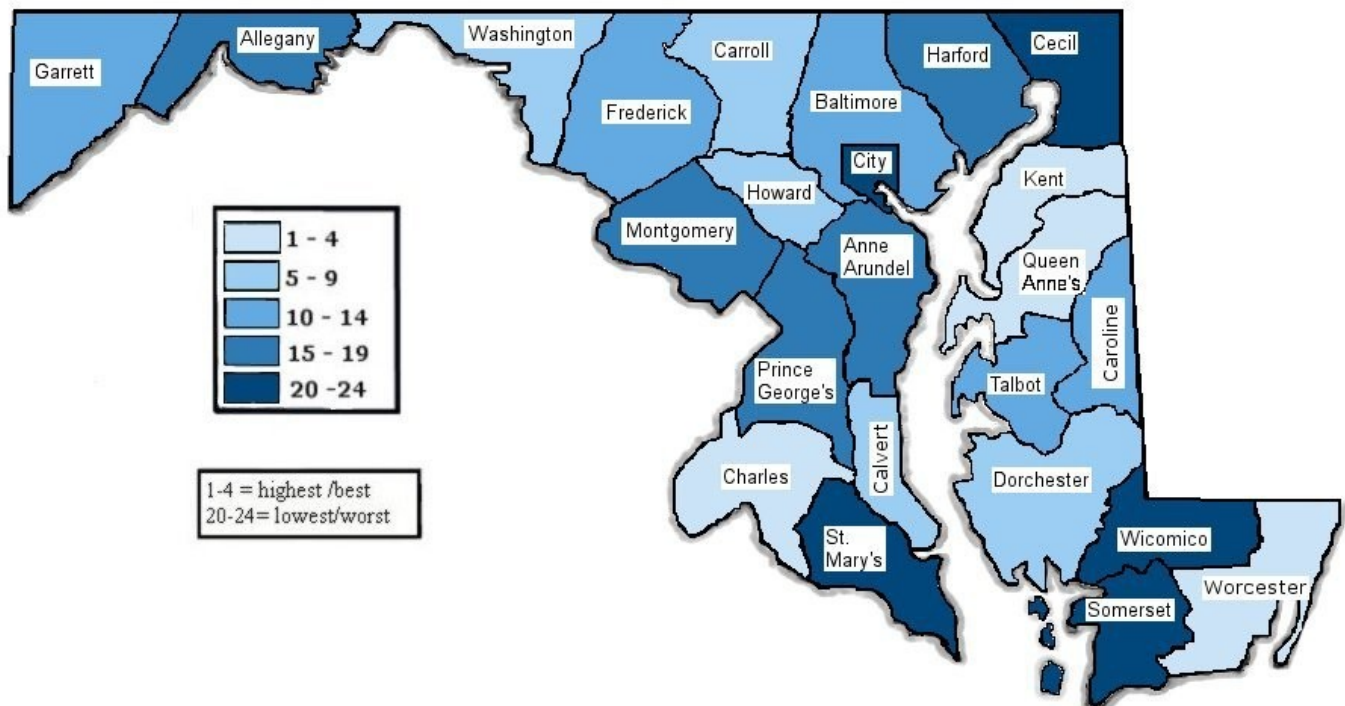
- ◆ Family history of violence
- ◆ Cultural norms
- ◆ Societal pressures
- ◆ Economic conditions
- ◆ Community violence

Domestic violence is a power and control issue resident within the abuser. Root causes are believed to include a history of domestic violence and child abuse within the family of origin and/or across generations, as well as social and cultural attitudes accepting of physical violence in intimate partner relationships. Abuse occurs across the socio-economic spectrum. Statistics show that the majority of domestic violence victims are female.

Professionals in the field say that on average it takes seven attempts on the part of a victim to leave an abusive relationship, regardless of the level of education, economic status, and availability of community resources to alleviate the crisis following abuse. However, once services have been obtained and a victim is aware of community resources, including having developed a safety plan, a victim is better prepared to leave and to protect him/herself and any dependent children.



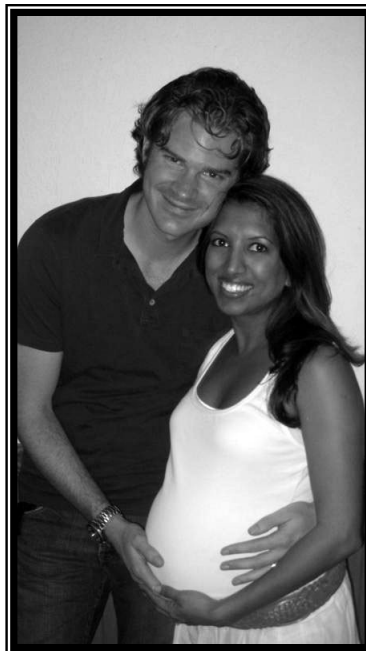
# STABLE AND ECONOMICALLY INDEPENDENT FAMILIES



Indicators Used to Determine Jurisdictional Rankings (year of most current data and population)	Maryland Data
<b>Child Poverty</b> (SAIPE 2008, percent of children under 18 in poverty)	<b>10.4%</b>
<b>Out-of-Home Placements</b> (FY 2009, entry rate per 1,000)	<b>8.8</b>
<b>Permanent Placements</b> (State - FY 2009; Jurisdictional- 3-year average; percent of foster children reunified or adopted)	<b>Reunified - 56.3% Adopted - 13.9%</b>
<b>Homeless Adults and Children</b> (FY 2008, rate per 100,000 residents)	<b>673.7</b>

# STABLE AND ECONOMICALLY INDEPENDENT FAMILIES

## INDICATORS



### **STABLE AND ECONOMICALLY INDEPENDENT FAMILIES INDICATORS**



**CHILD POVERTY:** The percent of children under 18 whose families have incomes below the poverty level.

**SINGLE PARENT HOUSEHOLDS:** The percent of all households that are headed by a single parent.

**OUT-OF-HOME PLACEMENTS:** The rate of children placed in out-of-home care.

**PERMANENT PLACEMENTS:** The percent of children who leave out-of-home care for a more permanent living arrangement.

**HOMELESS ADULTS AND CHILDREN:** The rate of homeless adults and children per 100,000 Maryland residents served by programs funded by the Department of Human Resources and other shelter providers.

## CHILD POVERTY

### Indicator

Percent of children under 18 whose families have incomes below the poverty level.

### Definition

Related children under 18 whose families have incomes below the US poverty level, as defined by the US Office of Management and Budget. “Related children” include the householder’s children by birth, marriage, or adoption under age 18, as well as other persons under 18 such as nieces or nephews, who are related to the family head.  
(*Current Population Survey (CPS) statistic*)

Percentage of children under 18 whose families have incomes below the US poverty level, as defined by the US Office of Management and Budget. (*Small Area Income and Poverty Estimate [SAIPE] statistic*)

### Significance

Children who grow up in poverty are more likely to have unmet nutritional needs, live in substandard housing, experience crime and violence, lack basic health care, and have unequal access to educational opportunities.

### Baseline Data

**CHILD POVERTY** (reported by calendar year)

Percent of Children Whose Families’ Income s are Below the Poverty Level - by Calendar Year, Maryland and National											
1998-2006 Current Population Survey (CPS) and 2007-2008 American Community Survey (ACS) - Percent of related children under the age 18 in poverty											
Maryland	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Single Year	6.9	6.5	6.6	7.0	7.3	10.3	10.9	13.0	6.9	10.0	9.8
3-year Average	12.2	8.9	6.7	6.7	7.0	8.2	9.5	10.4	12.2	10.0	9.6
National	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Single Year	18.3	16.3	15.6	15.8	16.3	17.2	17.3	17.1	18.3	17.6	17.8
3-year Average	19.1	17.9	16.7	15.9	15.9	16.4	16.9	17.2	19.1	17.9	17.8
Small Area Income and Poverty Estimates (SAIPE) - Percent of People under the age of 18 living in poverty											
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Maryland	12.6	10.1	10.7	9.4	10.1	11.5	11.1	10.9	10.1	10.6	10.4
National	18.9	17.1	16.2	16.3	16.7	17.6	17.8	18.5	18.3	18.0	18.2

### 2009 Data Sources

2007-2008 American Community Survey (ACS): Maryland and National Data, U.S. Census Bureau, American Community Survey, Table S1701. Poverty Status in the Past 12 Months

2008 Small Area Income and Poverty Estimates (SAIPE) Data: Maryland and National Data, U.S. Census Bureau, Small Area Estimates Branch, Table 1: 2008 Poverty and Median Income Estimates – States

## Considerations

The standard error rate for CPS poverty data for Maryland in 2008 was  $\pm 1.7\%$ , while the standard error for the national data was only  $\pm 0.3\%$ , due to a larger overall sample size for the national data sample.

The 90% Confidence Interval for the SAIPE data was 18.0% - 18.4% for the national data, while the interval for the Maryland data was larger, at 9.8% - 11.0%. Again, this is due to the larger sample size used for the national data.

Due to different methodologies, although the two measures are related, they should not be compared directly.

## Related Measures

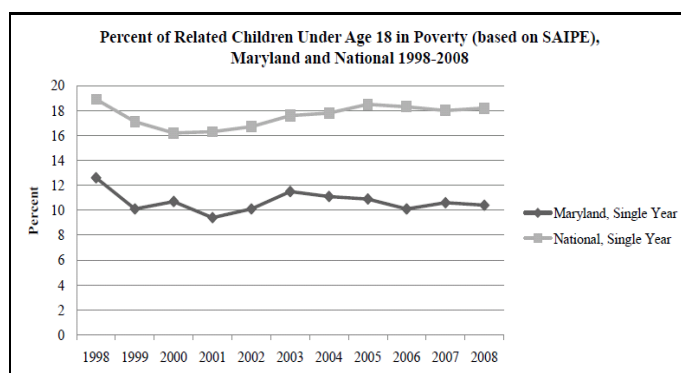
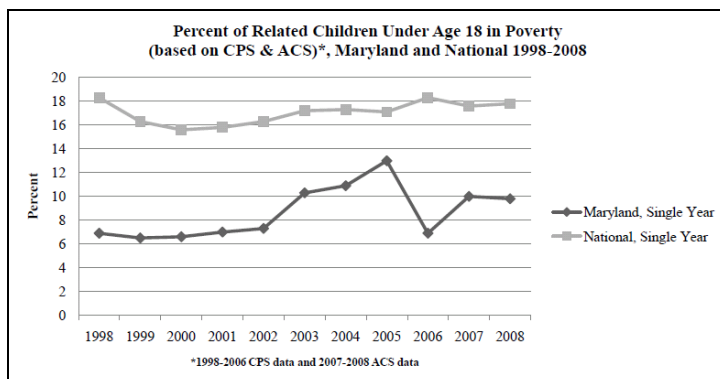
Additional measures of child poverty include enrollment data in programs such as the Free and Reduced Price Meals or Food Stamps. Related measures include single parenthood, low educational attainment, and part-time or no employment. The National Center for Children in Poverty offers some alternative methods for measuring poverty at [www.nccp.org/publications/index\\_date\\_2008.html](http://www.nccp.org/publications/index_date_2008.html).

## Story Behind the Data

The official federal poverty level reflects an austere level of existence. The 2005 poverty guideline for a family of 4 was \$19,350, for 2006, \$20,614, for 2007, \$20,650, and for 2008, \$21,910. Available research suggests that children whose families are “near poor” (i.e. 150-200% of the federal poverty level) suffer significant disadvantages compared to children in families who are better off economically.

According to the University of Michigan’s National Poverty Center, “Children represent a disproportionate share of the poor in the United States; they are 25 percent of the total population, but 35 percent of the poor population” ([www.npc.umich.edu/poverty/](http://www.npc.umich.edu/poverty/)). In 2007, according to the ACS, there were approximately 5.83 million families with about 12.8 million related children under 18 living in poverty, meaning 17.6% of all children in the United States were living in poverty. This continues a steady upward trend since 2000. Almost thirty-nine percent (35.5%) of families with related children under 18 were living at or below 200% of the poverty limit in 2008. The 2008 federal poverty limit for a family of four is \$21,910 in the 48 contiguous states and The District of Columbia.

A significant factor bearing on child poverty is Maryland’s rising unemployment, after several years of relatively low joblessness. Starting with 3.6% average unemployment in 2000, the average rate increased to 4.2% for 2005, and rose to 7.1% in 2009. On an annual basis, Maryland was below the US average in unemployment during that time period. The national annual unemployment rate in 2000 was 4.0%, rising to 5.1% in 2005, and 9.3% in 2009 (Maryland Department of Labor, Licensing and Regulation; US Bureau of Labor Statistics).



## SINGLE PARENT HOUSEHOLDS

### Indicator

The percent of children in households that are headed by a single parent.

### Definition

The percentage of children under age 18 who live in households headed by a person (male or female) without a spouse present in the home. Children who live in group quarters (for example, institutions, dormitories, or group homes) are not included in this calculation.

### Significance

The number of parents living with a child is linked to the amount and quality of human and economic resources available to that child. Generally, single parenting implies that there is no immediate adult back-up to reinforce disciplinary lessons or family teachings, to provide an additional role model, or simply to share the load of care. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty level than are children who grow up in a household with two parents.

### Baseline Data

**PERCENT OF CHILDREN IN HOUSEHOLDS HEADED BY A SINGLE PARENT** (reported by calendar year)

Percent of Children in Single Parent Households - by Calendar Year, Maryland and National								
	2001	2002	2003	2004	2005	2006	2007	2008
<b>Maryland</b>	31	32	32	33	31	33	33	32.3
<b>National</b>	30	30	30	31	31	32	31.7	31.9

### 2009 Data Sources

U.S. Census Bureau, American Community Survey, Table B09005. Household Type for Children under 18 Years in Households (excluding householders, spouses, and unmarried partners)

Calculations by GOC staff.

### Considerations

Beginning in 2006, the data for this measure comes from the American Community Survey (ACS) Jurisdictional breakdowns on a 3 year estimate basis for all jurisdictions became available through the American Community Survey beginning in 2007. However, caution is needed when interpreting jurisdictional data where the sample size is relatively small.

The data for this variable--like all data from the ACS and the supplementary surveys--reflect annual averages of monthly data.

### Related Measures

Current Population Survey (CPS) data from the US Bureau of the Census provide national figures annually for family structure and the percentage of children under age 18 by presence of parents in household. Two parent, mother only, father only, and no parent (e.g., children live with relatives or are placed in out-of-home care) breakdowns are available. State and jurisdiction breakdowns are not available.

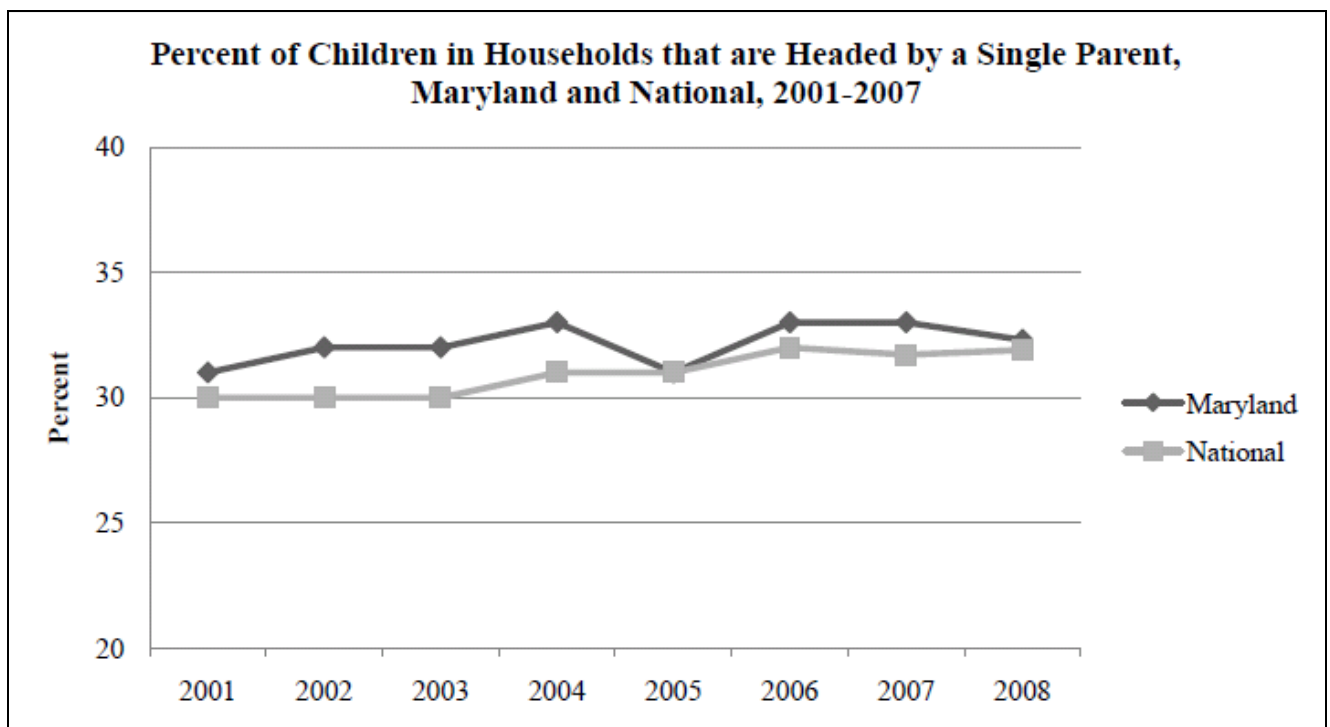


## Story Behind the Data

Perhaps the most controversial indicator that Maryland has chosen, single parenting, cuts across many social and economic issues facing the nation and Maryland, including concerns about rising divorce rates, increasing numbers of unwed births, child poverty, and juvenile delinquency.

For seven of the past eight years, Maryland has been slightly above the nation in the percentage of children living in single-parent households. Approximately one-third of Maryland's youth live in single parent households.

Maryland has focused on different aspects of the single parenthood challenge. Teen births often result in single parent families and the State is engaged in a number of strategies to reduce teen pregnancy. Also, Maryland's Department of Human Resources has focused efforts on supporting single parents and promoting responsible fatherhood.



## OUT-OF-HOME PLACEMENTS

### Indicator

Rate of children placed in out-of-home care.

### Definition

Rate per 1,000 children placed into out-of-home placements by Maryland's public agencies for:

- ◆ **Family Foster Care:** Relative (Kinship) Care, Foster Care, Treatment Foster Care, Adoptive (Pre-Adoptive) Care;
- ◆ **Community-Based Residential Placement:** Independent Living and Residential Child Care Programs (RCCPs);
- ◆ **Non-Community-Based Residential Placement:** Residential Treatment Centers (RTCs), Psychiatric Respite Programs, Juvenile Detention/Commitment Centers, Correctional (adult), Substance Abuse Treatment Programs (known as ASAM), Residential Educational Facilities, Diagnostic Evaluation Treatment Programs, and Non-Secure/Non-RTC;
- ◆ **Hospitalization:** General Hospitalization, Psychiatric Hospitalization and In-Patient Private

Maryland agencies which either place or fund children in out-of-home placements are the Department of Human Resources, the Department of Juvenile Services, the Department of Health and Mental Hygiene (including Medical Assistance), and the Maryland State Department of Education.

### Significance

Children need safe and stable homes in order to thrive. Out-of-home placements are utilized when less restrictive interventions have failed and the safety and well-being of the child requires such a placement. These placements, therefore, represent children and families with the most intensive needs in Maryland. Some children experience multiple placements, thus losing stability and the opportunity to form meaningful long-term relationships with their caregivers.

### Baseline Data

**RATE OF ENTRY INTO OUT-OF-HOME PLACEMENTS** - Per 1,000 children under age 18 (reported by state fiscal year). In previous publications 10 years of data has been presented however in this report only data from FY 2007 thru FY 2009 has been included. GOC changed the data reporting methodology in an attempt to provide more accurate and consistent data. Each of the placing and funding agencies were required to submit a new data set for FY 2007 thru FY 2009.

Rate of Entry Into Out-of-Home Placements, per 1,000 Children (ages 0-18)*- by State Fiscal Year, Maryland		
2007	2008	2009
13.1	8.3	8.8
<i>*Population denominator is children ages 0-18, but children placed includes some children through age 21</i>		
Costs of Out of Home Placements, In Millions of Dollars, Actual Costs - by State Fiscal Year, Maryland		
2007	2008	2009
694.0	703.1	708.3

### 2009 Data Source

The entry totals used to calculate the rate of entry data was derived from the data set collected for the FY 2009 Out-of-Home Placement and Family Preservation Resource Plan

Rates are per 1,000 children under age 18 based on the U.S. Bureau of the Census vintage estimates for each year.

## Considerations

The population denominator used in determining the rate of entry is the population of children age 0-18. Three agencies, however, include some youth ages 19-21 in their placement data, due to the mandates of their agencies: the Department of Juvenile Services, the Department of Human Resources, and the Maryland State Department of Education.

Data used in the calculation of the rate of entry is provided by each placing/funding agency. As some youth experience multiple out-of-home placements per year through different State agencies, and some youth are co-committed or co-funded among agencies, there may be duplicative counts.

## Related Measures

FY 2009 Out-of-Home Placement and Family Preservation Resource Plan provides data and analysis regarding numbers of youth placed out of the home, and where these children are placed. This report is available at [www.goc.maryland.gov](http://www.goc.maryland.gov).

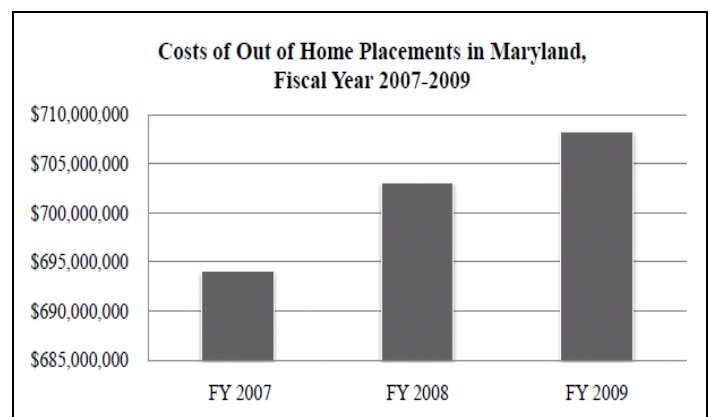
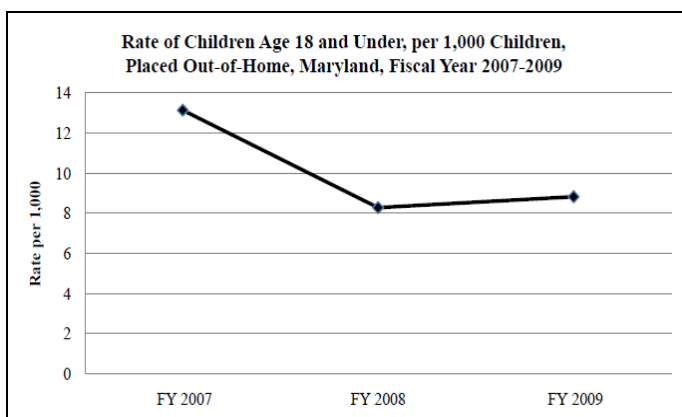
## Story Behind the Data

Abuse and neglect, crime, and violence pose substantial risks to children and contribute to the need for children to be placed in alternative care. While substance abuse, serious mental health disorders, and developmental disabilities can often be treated while a child remains at home, at times there may either not be an appropriate home/caregiver for the child or the child's needs require out-of-home treatment.

The State continues to make efforts to treat children in their homes, or, when an out of home placement is necessary, to place children as close to home as possible. The Department of Human Resource's Place Matters initiative aims at maintaining children in their home through intensive in-home services, and placing children in their home jurisdictions (when possible) when the child cannot safely remain at home.

The Children's Cabinet also provides funding to prevent out-of-home and out-of-state placement for youth through the provision of intensive in-home, community-based services using the wraparound service delivery model.

Unfortunately, one unintended consequence of providing in-home services to children in lieu of out-of-home placements is that those children remaining in out-of-home care are often the children with the most severe and intense needs. These children may have severe mental health and/or substance abuse disorders, may have experienced severe abuse or neglect, and/or may have committed serious criminal offenses. Therefore, as the numbers in out-of-home placement may decrease, the level of services needed by the remaining out-of-home population increases.



## PERMANENT PLACEMENTS

### Indicator

Percent of children who leave foster care for a more permanent status (return home, known as reunification; or adoption) within a specified period of time in foster care.

### Definition

- ◆ Reunification: Percent of children who return home within 12 months of foster care placement (including kinship care).
- ◆ Adoption: Percent of children who are adopted within 24 months of foster care placement (including kinship care). Adoption is defined by the number of children adopted or placed for adoption from Department of Human Resources (DHR) foster placement (including kinship care).

### Significance

Children need stable care-giving. Research has shown that temporary foster care placements, often involving a number of different caregivers and settings, can be detrimental to children's healthy development.

### Baseline Data

**PERMANENT PLACEMENTS** - Reunification within 12 months; Adoption within 24 months (reported by state fiscal year)

Percent of Children in DHR/DSS Custody, Re-Unified within 12 months - by Fiscal Year, Maryland and Federal Targets										
Reunification	2000	2001	2002	2003	2004	2005	2006*	2007**	2008***	2009
Maryland	N/A	N/A	58.2	50.0	55.0	59.6	63.7	N/A	45.6	56.3
Federal Target	76.2	76.2	76.2	76.2	76.2	76.2	76.2	76.2	76.2	76.2
Percent of Children in DHR/DSS Custody, Adopted within 24 months- by Fiscal Year, Maryland and Federal Targets										
Adoption	2000	2001	2002	2003	2004	2005	2006*	2007**	2008***	2009
Maryland	28.5	33.1	26.8	25.8	20.1	23.6	24.2	N/A	16.9	13.9
Federal Target	32.0	32.0	32.0	32.0	32.0	32.0	32.0	32.0	32.0	32.0
*Harford County data are not included in the FY2006 due to DHR's conversion to MD CHESSIE										
**2007 data not currently available due to DHR's conversion to MD CHESSIE										
***DHR revised the 2008 data										

### 2009 Data Sources

Unpublished data from the Department of Human Resources.

### Considerations

Children exiting foster care to guardianship are not counted as reunification or adoption but may represent a positive outcome for many children leaving foster care. Guardianship placements offer children permanent placements, often with relatives or other familiar adults, and may offer minimal disruption in daily life, school assignment, neighborhoods, and peer relationships. For some youth, especially older youth, these placements may be preferable to adoption by a previously unknown family.

### Related Measures

The Department of Human Resources tracks the number of youth placements in Foster Care Family Care, Kinship Care, Pre-Adoption Services, and Treatment Foster Care. The Governor's Office for Children tracks youth in out-of-home care placed or funded by State agencies and Medicaid. The decennial census counts children who live away from their families in group quarters, in the child welfare system, correctional institutions, and mental health facilities.

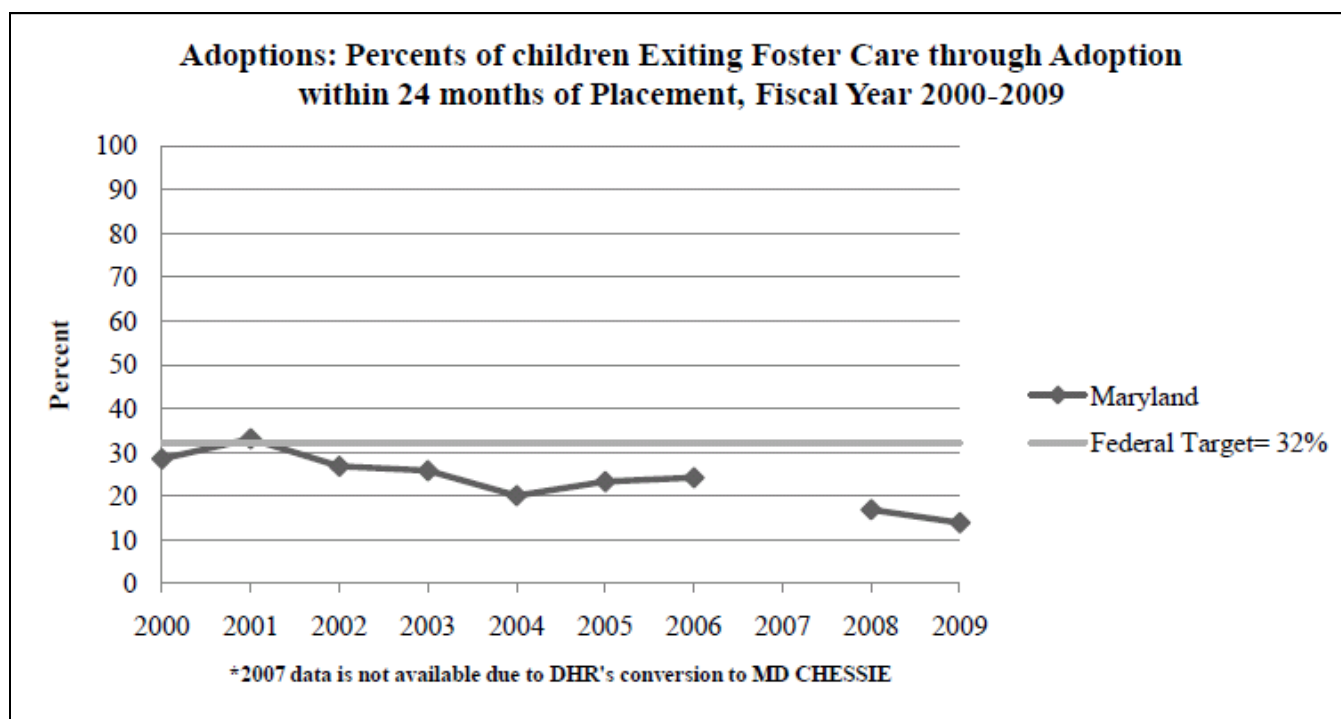
## Story Behind the Data

Since 1980, states have been required to demonstrate “reasonable efforts” to provide assistance and services to preserve and reunify families; since the 1997 passage of the federal Adoption and Safe Families Act (ASFA), the emphasis has shifted to *time-limited* reunification efforts.

Likewise, ASFA has tightened requirements for states to apply for Termination of Parental Rights (TPR) and seek adoption for a child. Frequently, a Local Department of Social Services may be working to secure an adoptive family for a child, even before the TPR is official, due to the sometimes lengthy timeframe needed to achieve TPR. Indeed, foster care staff are generally required to focus on two permanency plans (known as concurrent permanency planning) to ensure that children remain in foster care no longer than necessary to promote their safety and well-being.

For both reunification and adoption data, 2007 data are unavailable due to conversion to MD CHESSIE (the Department of Human Resources’ child welfare information system). Although Maryland’s percentages of reunifications occurring within 12 months had been increasing between 2003 and 2006, they decline in 2008. The percentage of adoptions occurring within 24 months declined slightly from 2006 to 2008.

The State of Maryland has been working aggressively to increase the number of foster children who are adopted or placed for adoption. Additionally, the Department of Human Resources has initiated the Place Matters campaign, which aims at serving more children in family foster homes instead of residential/group care, and at placing children in or near their home jurisdictions.



## HOMELESS ADULTS AND CHILDREN

### Indicator

Rate of homeless adults and children per 100,000 Maryland residents served by shelter providers who report information to the Department of Human Resources (DHR).

### Definition

Rate per 100,000 Maryland residents of homeless adults and children served by those shelter programs who report information to the State of Maryland DHR. The number of homeless adults and children served by our shelter programs FY 2009: 17,223

### Significance

Families cannot achieve economic self-sufficiency without stable housing conditions. Children who are homeless tend to have poorer health and experience more developmental delays than children who are adequately housed.

### Baseline Data

**RATE OF HOMELESS ADULTS AND CHILDREN SERVED** - Among homeless adults and children reported served, the rate receiving homeless services, per 100,000 Maryland residents (reported by state fiscal year)

Rate of Homeless Adults and Children Receiving Homeless Services, per 100,000 residents, as Reported to DHR- by Fiscal Year, Maryland											
Fiscal Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Maryland	809	937	980	856	984	835	697	631	668	652	673.7

### 2009 Data Sources

Annual Survey on Homelessness Services in Maryland, the Department of Human Resources/Community Services Administration, Office of Transitional Services

Population Source: Total Resident Population for Maryland's Jurisdictions, 2000-2008, MDP estimates (from Census), Table 1A, [http://www.mdp.state.md.us/msdc/Pop\\_estimate/Estimate\\_08/county/table1a.pdf](http://www.mdp.state.md.us/msdc/Pop_estimate/Estimate_08/county/table1a.pdf)

Calculations by GOC staff.

### Considerations

The number of people served is an unduplicated count of people served within, but not necessarily across, shelters. Also, those homeless individuals or families who do not go to shelters are not counted, which may account for a significant number of individuals and families. Services other than overnight stays, such as daytime drop-in services, referral services, food or clothing assistance, transportation assistance, and eviction prevention are not included in this report. Additionally, the report does not count turn-aways - those individuals that were not sheltered due to a lack of available bed space.

The data reported for this indicator focuses on people served in Maryland shelter programs that responded to the Annual Survey on Homelessness Services. Approximately 98% of shelter providers surveyed responded in FY 09.

### Related Measures

DHR also tracks other demographics of shelter-users: In FY 09, the proportion of homeless people served in shelters as individual and family members (42% and 58%) respectively; 26% were under age 18; and 38.7% of shelter-users were women. Also the count of bed nights (the number of nights each shelter bed was occupied) is used as a measure to study the use of homeless shelters. In FY 2009, a total of 1,941,722 bed nights (emergency shelter, transitional housing and motel placements) were reported.

## Related Measures, cont

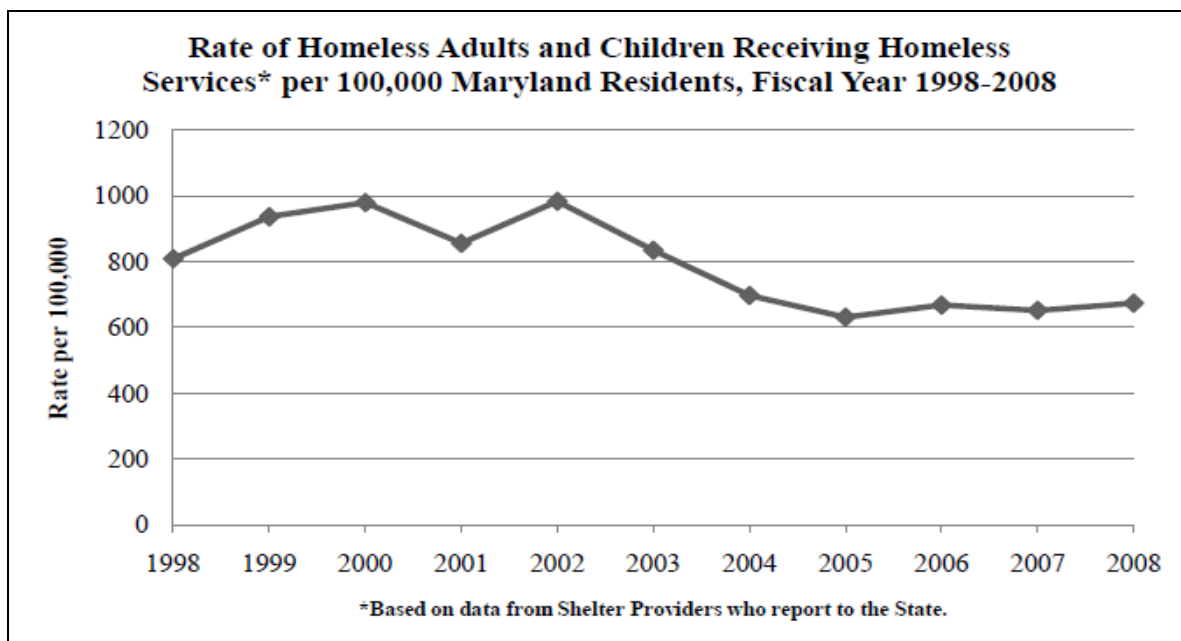
In Maryland, as in most of the country, the data collected has a variety of limitations. Anecdotal information helps us paint the picture of shelter counts. This is important to state, because the question becomes for example, how is it that in Maryland there was a decrease in bed nights (occupancy of one person, one night) during the period 2007 (1,857,026) and 2008 (1,547,434) when all other variables, (unemployment, lack of affordable housing, foreclosures, etc.) lead to a known increase in the homeless population needing shelter. The responses we received from the analyst who studied these phenomena are that there were shelters that closed at the beginning of the fiscal year, which accounts for the decrease in the bed nights. However, by the end of the year, new shelters opened, so that by the end of the counting period, it resulted in a lower over-all count of bed nights. This phenomenon is substantiated by the bednights figure of FY 2009, which show an increase in the number of shelter bednights (1,941,722).

## Story Behind the Data

Tracking the number of people who are homeless during any period of time is fluid, in that each year, attempts are made to better report this non-static population and varies indicators are added to known indicators. For example, the number of people served in 2009, as reported by Maryland's known homeless shelters, was less than those served in FY 2008 and in 2009 the average length of stay (LOS) was greater in transitional, emergency and motel housing.

The US Conference of Mayors 2009 Status Report on Hunger & Homelessness cited that cities attributed the increase in family homelessness to the recession and a lack of affordable housing.

The same report estimated that the U.S. Department of Housing and Urban Development's Homeless Prevention and Rapid Re-Housing Program (HPRP), funded through [the American Recovery and Reinvestment Act funds], will "fundamentally change the way [their] community provides services to people who are homeless or at risk of homelessness."





# COMMUNITIES THAT SUPPORT FAMILY LIFE

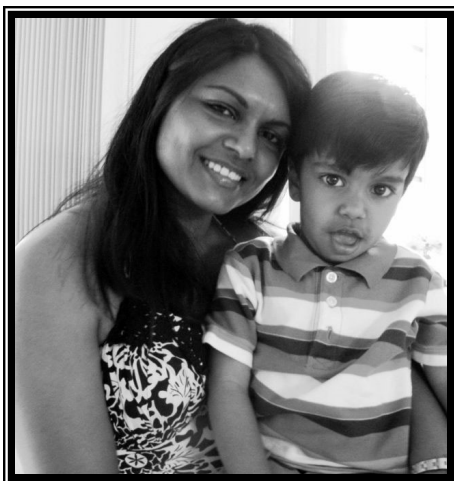


The recommended approach in this Result area is to compile information on the available services and supports that are known to be of value in promoting the health and development of children and the stability and self-sufficiency of families. In many cases, this information is only available at the local level; where there is a state-level source it is noted in the list below. This list is intended as a suggested base on which local jurisdictions can build in measuring how well they are supporting children and families in their communities.



- ◆ Prenatal Care: percent of live births for which prenatal care was initiated in the first trimester (see the Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration)
- ◆ Health Care: number of licensed health care professionals per 1,000 population, especially pediatricians, gynecologists/obstetricians, and family practice/general practice physicians (see DHMH for data)
- ◆ Child Care: number of slots of licensed centers and regulated family child care homes compared to the number of families with children in which the mother works (see the Maryland Committee for Children, Inc.)
- ◆ Preschool Programs, Public and Private
- ◆ Recreational Facilities and Enrichment Programs for Families, Young Children, School-Age Children, and Adolescents
- ◆ Adult Education and Training Programs
- ◆ Parent Education and Support Programs
- ◆ Access to Services: Waitlist information to identify gaps in community resources.

# APPENDICES



# HISTORY OF RESULTS AND INDICATORS

In 1996, the Governor's Task Force on Children, Youth, and Families Systems Reform was created in response to a growing desire by local jurisdictions to ensure a strong local role in setting policy that affects children and families. Additionally, the Task Force considered the differing and individual needs of Maryland's jurisdictions as they recommended policies and procedures for the systems reform initiative. The need for a results-based system was a strong theme throughout the work of the Task Force and was reflected in the public hearings held by the Task Force throughout the State.

The Task Force's Program Subcommittee originally proposed nine results. Each result area and its proposed indicators underwent intensive review and discussion by the Subcommittee and in 1997 by the Program Subcommittee's successor, the Results Workgroup. Both groups had representation from the State and local levels, public and private members, including county public health officials, county social service employees, local school system staff, local management board members, advocates and State agency staff.

In the fall of 1998, the Outreach Workgroup was formed to gather further public opinion about the proposed nine results. Following this review, one result (Healthy Adults) was dropped due to insufficient data demonstrating its direct connection to and impact on child and family well-being. In January 1999, the remaining eight results were adopted, forming the basis of Maryland's Results for Child Well-Being.

The chosen results capture the quality of life for children and families in Maryland. Progress toward each result is determined through selected indicators which specifically measure segments of each result area. By monitoring the indicators, the State and local jurisdictions are able to evaluate the effectiveness of service delivery to children and families. In order to uniformly assess the usefulness of suggested indicators, the Task Force developed the following criteria to select Maryland's twenty-five indicators:

- The indicator is directly related to the well-being of children, families or communities in each specific result;
- The indicator is well measured. In other words, it applies to all or most of the relevant population and is collected in ways that support data reliability and validity;
- Data on the indicator are readily available from public sources; and
- Data on the indicator are available at the State and local level.

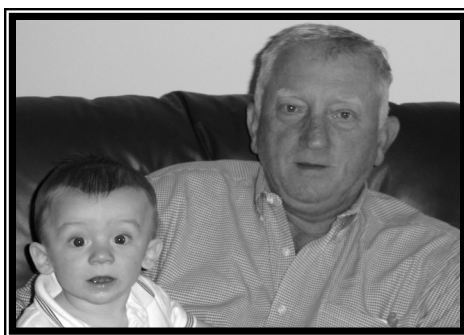
Across the nation, three to five indicators are usually accepted as a manageable number of measures per result area. The number of indicators is crucial. Other states have shown unsuccessful shifts to results-based accountability, in part, by selecting too many indicators. As other indicators are considered in the future, the task of monitoring and analyzing them will continue with public input. It is the intent of the Children's Cabinet that the core set of indicators will be modified as necessary. By adopting the results and indicators featured in this book, Maryland is able to move forward with the national trend of utilizing results-based accountability for programs and services.

Maryland's effort has been part of a national movement toward result-based services and accountability for outcomes. Using Maryland's Results and Indicators, the Children's Cabinet, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through a collaborative approach, each jurisdiction identifies and focuses on results and indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local area.

# RESOURCES

The following is a listing of the websites of many of the organizations referenced in the publication:

Annie E. Casey Foundation's Kids Count	<a href="http://www.aecf.org/kidscount">http://www.aecf.org/kidscount</a>
Centers for Disease Control and Prevention	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
Department of Health and Mental Hygiene (DHMH)	<a href="http://www.dhmh.state.md.us">http://www.dhmh.state.md.us</a>
DHMH, Community Health Administration	<a href="http://www.cha.state.md.us/olh/html/hip.html">http://www.cha.state.md.us/olh/html/hip.html</a>
DHMH, Family Health Administration	<a href="http://www.fha.state.md.us">http://www.fha.state.md.us</a>
Department of Human Resources (DHR)	<a href="http://www.dhr.state.md.us">http://www.dhr.state.md.us</a>
Department of Juvenile Services (DJS)	<a href="http://www.djs.state.md.us">http://www.djs.state.md.us</a>
Federal Interagency Forum on Child and Family Statistics	<a href="http://www.childstats.gov">http://www.childstats.gov</a>
Governor's Office for Children (GOC)	<a href="http://www.goc.state.md.us">http://www.goc.state.md.us</a>
ImmuNet	<a href="http://www.mdimmunet.org">http://www.mdimmunet.org</a>
Maryland Network Against Domestic Violence (MNADV)	<a href="http://www.mnadv.org">http://www.mnadv.org</a>
Maryland State Department of Education (MSDE)	<a href="http://www.marylandpublicschools.org/msde">http://www.marylandpublicschools.org/msde</a>
MSDE, Maryland Report Card	<a href="http://www.mdreportcard.org">http://www.mdreportcard.org</a>
National Center for Children Exposed to Violence	<a href="http://www.ncccev.org">http://www.ncccev.org</a>
National Center for Children in Poverty	<a href="http://www.nccp.org">http://www.nccp.org</a>
National Center for Education Statistics	<a href="http://www.nces.ed.gov">http://www.nces.ed.gov</a>
National Center for Health Statistics	<a href="http://www.cdc.gov/nchs">http://www.cdc.gov/nchs</a>
National Low Income Housing Coalition	<a href="http://www.nlihc.org">http://www.nlihc.org</a>
National Mental Health Association	<a href="http://www.nmha.org">http://www.nmha.org</a>
National Technical Assistance Center on Positive Behavioral Interventions and Supports	<a href="http://www.pbis.org">http://www.pbis.org</a>
PBIS Maryland	<a href="http://www.pbismaryland.org">http://www.pbismaryland.org</a>
University of Michigan National Poverty Center	<a href="http://www.npc.umich.edu/poverty/">http://www.npc.umich.edu/poverty/</a>
US Bureau of Labor Statistics	<a href="http://www.bls.gov">http://www.bls.gov</a>
US Census Bureau	<a href="http://www.census.gov">http://www.census.gov</a>
US Department of Health and Human Services, Administration for Children & Families	<a href="http://www.acf.hhs.gov">http://www.acf.hhs.gov</a>





**Thank you to the many Federal, State and community partners who produced, analyzed and disseminated the data reported in this book.**

**Thank you also to those individuals who assisted in the synthesis of the data and results, provided photographs, and helped to update this year's *Maryland's Results for Child Well-Being*.**





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